CITRUS COUNTY

BOARD OF COUNTY COMMISSIONERS

MINUTES ● MARCH 16, 2021

Special Meeting | **Citrus County Courthouse** | **9:00 AM**

Room 100, 110 N. Apopka Avenue, Inverness, FL 34450

A. CALL TO ORDER

March 16, 2021 Citrus County Courthouse
The meeting was called to order at 9:00 AM

1. Invocation

First Vice Chairman Ronald E. Kitchen, Jr. led the invocation.

2. Pledge of Allegiance

3. Roll Call

Attendee Name	Title	Status	Arrived
Scott Carnahan	Chair, District 4	Present	
Ronald E. Kitchen Jr.	1st Vice Chair, District 2	Present	
Ruthie Davis Schlabach	2nd Vice Chair, District 3	Present	
Jeff Kinnard D.C.	Commissioner District 1	Present	
Holly L. Davis	Commissioner, District 5	Present	
Denise A. Dymond Lyn	County Attorney	Present	
Charles R. Oliver	County Administrator	Present	
Amy Charley	Deputy Clerk	Present	

B. SPECIAL MEETING-PRESENTATIONS CARES ACT FUNDING NONPROFIT GRANT PROGRAM

B.1. The Citrus County Nonprofit Grant Program

Allow 5 minutes for presentations and Commissioners questions for each applicant.

Chairman Scott Carnahan opened up the floor for the Commissioners to comment.

The following individuals addressed the Board and responded to questions from the Board: Reverend Wayne Wilkinson representing Living Water Ministries of Citrus County; Barbara Wheeler, Executive Director and Paula Holtsclaw, Data Administrator representing Mid Florida Homeless Coalition; Kathy Harrington representing SOS Food Pantry; Maureen Tambasco representing Citrus Hearing Impaired Program Services; DuWayne Sipper representing The Path of Citrus County; Stephanie Bell, RN Executive Director and Angela Briggs, Mental Health Therapist representing The Pregnancy and Family Life Center; Joanna Castle, District Vice President and Johnny Cash, Advisory Board Chair representing the YMCA of Suncoast; Barbara Sprague, Executive Director representing Community Food Bank of Citrus County; Paul Gadke, President and Dan Comeau,Treasurer representing Homosassa Lions Foundation; Doctor Jeffrey Wallace and Sondra Moylan representing Doctor's Free Clinic of Citrus County; Kim Rossman, Treasurer representing The Inverness Lions Foundation; Mary Laughlin, President representing Friends of the Community Center and Circle of Friends Gift Shop; Scott Baxter, CEO and James Dinsch, Administration Chief representing Nature Coast Emergency Medical Foundation; Melissa Walker, Executive Director representing Key Training Center; Shaunda Burdette, Executive Director representing Citrus County Education Foundation; Lorraine Adams, Director representing The First Presbyterian Church of Crystal River doing business as Life Tree Church; Ginger West, Director representing Citrus County Family Resource Center; Michael O'Brien, Vice Chairman representing Citrus County Veterans Coalition; Colonel Dennis Strissel, Interim Officer, Stephen Teaster, Advisory Board Chairman, and Luis Marin, volunteer representing The Salvation Army Citrus County Corps; Thomas Mize, President representing Beverly Hills Lions Club Foundation; and Kelly Selph, Executive Director representing Citrus United Basket.

Commissioners communicated their recommendations which were entered into an Excel spreadsheet.

Board discussion ensued.

Motion to approve the Citrus County Non-Profit Grants based on the final spreadsheet that the Clerk will enter into evidence that amounts to $300,000.

Clerk's Note: Amounts granted as follows:
Living Water Ministries of Citrus County $6,007.00
Mid Florida Homeless Coalition, Inc. $10,937.00
SOS, Inc. $41,909.00
Citrus Hearing Impaired Program Services, Inc. $4,400.00
The Path of Citrus County $8,727.00
The Pregnancy and Family Life Center, Inc. $25,502.00
YMCA of Suncoast $8,727.00
Community Food Bank of Citrus County, Inc. $44,547.00
Homosassa Lions Foundation, Inc. $6,000.00

Doctor's Free Clinic of Citrus County $13,387.00
The Inverness Lions Foundation, Inc. $7,105.00
Friends of the Community Center, Inc. $4,400.00
Nature Coast Emergency Medical Foundation, Inc. $10,000.00
Key Training Center $21,090.00
Citrus County Education Foundation, Inc. $40,123.00
The First Presbyterian Church of Crystal River $8,700.00
Citrus County Family Resource Center, Inc. $8,760.00
Citrus County Veterans Coalition $10,187.00
The Salvation Army Citrus County Corps $8,047.00
Beverly Hills Lions Club Foundation $6,425.00
Citrus United Basket, Inc. $5,020.00.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Ronald E. Kitchen Jr., 1st Vice Chair, District 2
SECONDER:	Jeff Kinnard D.C., Commissioner District 1
AYES:	Carnahan, Kitchen Jr., Schlabach, Kinnard D.C., Davis

C. OPEN TO THE PUBLIC

There were no citizen comments.

D. UPCOMING MEETINGS

Regular Meeting: March 23, 2021 at 1:00 PM, Citrus County Courthouse, Room 100, 110 N. Apopka Avenue, Inverness, FL 34450

E. ADJOURN

The meeting was adjourned at 12:11 PM

AGENDA MEMORANDUM

FROM:	Colleen Scott, Management & Budget Director
SUBJECT:	The Citrus County Nonprofit Grant Program
AGENDA DATE:	**March 16, 2021**

BRIEF OVERVIEW:

The Citrus County Board of County Commissioners (BOCC) will award grants to 501(C)(3) nonprofit organizations to assist Citrus County citizens adversely affected due to COIVD 19. The Citrus County Nonprofit Grant Program will provide a grant for food distribution, or/and health care expenses to eligible 501(C)(3) organizations.

The Nonprofit Grant Program required an application to be submitted by February 26, 2021 and provide a formal presentation to the BOCC on March 16, 2021. Grant applicants must demonstrate that the services and/or goods will be provided to Citrus County citizens. Grant funds must be expended within six months from receipt of the grant award. The Nonprofit Grant Program is specifically for 501(C) (3) organizations excluding member groups.

BUDGET IMPACT/FUNDING SOURCE:

Account No.	Account Title	Current Budget	YTD Expenditures	Encumbrances	Available Balance
					$0

The Citrus County Nonprofit Grants Program currently has $300,000 in available funds.

RECOMMENDED ACTION:

Allow 5 minutes for presentations and Commissioners questions for each applicant.



Citrus County Non-Profit Grant

Applicant Summary

Application	Organization	Amount of Grant Request	Grant Previously Awarded
NA	Living Water Ministries of Citrus County	$44,500.00	NA
NPG1-00000000006	Mid Florida Homeless Coalition, Inc.	$25,000.00	NA
NPG1-00000000007	SOS, Inc.	$60,000.00	NA
NPG1-00000000008	Citrus Hearing Impaired Program Services, Inc.	$5,000.00	NA
NPG1-00000000009	The Path of Citrus County	$30,000.00	$12,500.00
NPG1-00000000010	The Pregnancy and Family Life Center, Inc.	$51,500.00	NA
NPG1-00000000013	YMCA of Suncoast	$30,000.00	$24,950.00
NPG1-00000000014	Community Food Bank of Citrus County, Inc.	$100,000.00	$50,000.00
NPG1-00000000016	Homosassa Lions Foundation, Inc.	$7,000.00	NA
NPG1-00000000018	Doctor's Free Clinic of Citrus County	$25,000.00	NA
NPG1-00000000019	The Inverness Lions Foundation, Inc.	$29,675.00	NA
NPG1-00000000022	Friends of the Community Center, Inc.	$5,000.00	NA
NPG1-00000000023	Nature Coast Emergency Medical Foundation, Inc.	$100,000.00	NA
NPG1-00000000025	Key Training Center	$75,600.00	$24,950.00
NPG1-00000000026	Citrus County Education Foundation, Inc.	$73,674.15	NA
NPG1-00000000027	The First Presbyterian Church of Crystal River	$25,000.00	NA
NPG1-00000000028	Citrus County Family Resource Center, Inc.	$20,000.00	NA
NPG1-00000000029	Citrus County Veterans Coalition	$25,000.00	$50,000.00
NPG1-00000000030	The Salvation Army Citrus County Corps	$20,000.00	NA
NPG1-00000000031	Beverly Hills Lions Club Foundation	$28,500.00	NA
NPG1-00000000032	Citrus United Basket, Inc.	$5,700.00	$17,500.00
	Total	**$786,149.15**	**$179,900.00**

Attachment: NonProfit Grant Applicants 02262021 (002) (12603 : The Citrus County Nonprofit Grant

Non-Profit Grant

Living Waters Ministries

Application

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

Profit Grant & Application Guidelines | FY 2020-20

ayne Wilkinson, the Applicant have reviewed this Application for a No
Grant and concur with the information submitted herein. To the best of my knowledge an
he information contained in this Application and its attachments is accurate and comple
re awarded, I agree to follow all guidelines as provided in the grant guidelines. I, the A
wledge that I have reviewed and understand the requirements for the Non-Profit Grant.

nderstand that the grant funds be via an advanced payment and receipts will be requi
expenses and any unspent or any deemed ineligible grant receipts shall be reimburs
County.

zed Agent Signature

Feb. 15, 2021
Date

yne Wilkinson
ame

C.E.O.
Title

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

LIVING WATER MINISTRIES
6 MONTH BUDGET
FOR. THE LIFE NECESSITIES COMPLEX FOOD PANTRY AND RESOURCE CENTER

*RENT FOR BEVERLY PLAZA UNITS #4023 & #4021
$14,700

*RENTAL PROPERTY AND LIABILITY INSURANCE
$ 330

*MAINTENANCE/REPAIR OF EQUIPMENT----FREEZERS, - REFRIGERATORS,.& AIR CONDITIONERS
$720

*VEHICLE MAINTENANCE, INSURANCE & GAS
$950

*PEST CONTROL
$ 600

*FOOD PANTRY SANITATION & CLEANING.
$700

*FOOD PANTRY SUPPLIES
$750

*ADVERTISING $660

*FOOD PURCHASING
$1,600

*HIRING OF 2 GIG WORKERS FOR DRIVING & LABOR--INTENSIVE JOBS
$9,200 FOR BOTH

*PURCHASING OF 2 COMMERCIAL CHEST FREEZERS
$1,800 FOR BOTH

*PURCHASING OF A USED BOX TRUCK FOR FOOD PICK-UPS & EXPANDED FOOD DELIVERIES
$12,500

**TOTAL &44,500

_____

Living Water Ministries, which has served Citrus County for over12 years, provides services in Beverly Plaza through its Thrift Store (Units 4049-4051);
Art Gallery (Units 4029-4015); Fellowship Hall (Unit 4009) & Church/Ministry (Unit 4007).;

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

**The Life Necessities Complex, for which BOCC Grant funding is requested, is also located in Beverly Plaza. Services are provided through the Life Necessities Resource Center (Unit 4023) ; and the Food Pantry (Unit 4021).

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2

APPLICATION REQUEST

Organization Information

Organization LIVING WATER MINISTRIES

Primary Contact SHANA GORDON

Address 4049 N LECANTO HWY BEVERLY HILLS, FL

City _____ Zip _____

Email SHANAG089@GMAIL.COM

Phone 746-4436 / 352 476-4203 (CELL)

Registered as a (501) (C) non-profit corporation? Yes ✓ No (Attach proof)

Description LIVING WATER MINISTRIES OF CITRUS CO

Name IS A CHURCH-BASED THAT WAS GIVEN TAX

Notes EXEMPT STATUS BY THE IRS IN JULY 2009.
CHURCH IS AUTOMATICALLY A 501C3

Requested Amount $44,500

Total Budget $44,500

Program budget must be submitted together with this application

Has this program previously received county or grant funding?

No ✓

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

DESCRIPTION & IMPACT ON CITRUS COUNTY CITIZENS

LIFE NECESSITIES COMPLEX
OF
LIVING WATER MINISTRIES

THE FOOD PANTRY & DELIVERY

PHASE 1. Establishment & operation of a Food Pantry & homebound /homeless food delivery service

Four years ago, Living Water Ministries (LWM) established its Food Pantry in a 1,000 sq.ft. Beverly Plaza storefront unit. Since then, it has grown to the point of distributing nutritionally balancedmfood, on-site, to approximately 750 Individuals a month, from across Citrus County.

Added to that are 60+ doorstep homebound & homeless food deliveries a month, with household member extension to approximately 90+ recipients a month. These numbers are the result of a two times a month, scheduled, on- site food distribution & a two times a month scheduled food deliveries to the homebound & homeless in Beverly Hills, Lecanto & beyond.

Additionally, the Food Pantry addresses off-hours hunger emergencies, 7 days a week, amounting to approximately 70 individuals a month, with a household member extension to 95 recipients a month. Sometimes requests are for dire situations & entail home deliveries. Distributions are taken care of through Food Pantry fresh/ frozen items &/or Life Necessities Resource Center non -perishable items.

As much food as has been given out already (935 recipients a month), the loudly voiced demand from Citrus County citizens has been to include more households in its food deliveries, as a result of Covid-19 exacerbating the need for that service.

PHASE 2. Operation & Expansion of Food Pantry Services

PROJECTIONS FOR FOOD . PANTRY & DELIVERIES

The Food Pantry is now at the beginning of Phase 2. With an award of BOCC Grant funding, the Food Pantry can continue as a strong force in helping to alleviate the County hunger crisis.

Its plan for on-site food distribution is to retain the scheduled two times a month, with a projection of a 100% increase of recipients, bringing the number served, within 6 months, from approximately 750 a month currently to 1,500 recipients a month.

Its plan for homebound and homeless food deliveries is to increase scheduled distribution from two times a month to four times a month, with a projection of a 200% increase, bringing the number served, within 6 months, from approximately 90 a month currently to 360 recipients a month. The plan also includes increasing County-wide deliveries, along with ramping up Beverly

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

Hills deliveries because that Community is not being served, in this manner, by any other charitable organization & there is an overwhelming need for that service.

Emergency & unscheduled food distributions are projected to increase at the same rate as the Food Pantry, at 100%, bringing the number served, within six months, from approximately 95 a month to 190 recipients a month.

TOTAL PROJECTED CITRUS COUNTY CITIZENS TO BE SERVED BY FOOD PANTRY

The total projected number of Citrus County citizens served, within six months, by the on-site Food Pantry & its food delivery service to the homebound & homeless, is approximately 2,050 recipients a month.

KEY OPERATING . REQUIREMENTS

There are two additions to the Food Pantry operating mode that are essential to maintaining its viability & achieving its projections for food recipients.

* Purchasing a Used Box Truck for Food Pick-ups and Deliveries

Covid-19 is wreaking havoc on the Living Water Ministries retail Thrift Store customer traffic. (Pre-Covid, there were150-200 individuals daily). Sales are the sole support of all the organization's overhead, operating expenses & charitable works. Thus, LWM must try to keep its Thrift Store box truck on the road as many days a week as possible to perform the obligatory, time -sensitive pick-ups and deliveries The Food Pantry, too, with its projected expansion of food distribution services, needs to have a dedicated vehicle available for scheduled, as well as emergency & unscheduled food delivery runs & pick-ups. Not having to share a vehicle would eliminate the current logistical & manpower complexities and challenges for both.

* Hiring Gig Labor for Driving & Physically Demanding Jobs

The Covid-19 pandemic has reduced drastically the size of LWM's volunteer staff (Pre-Covid, there were 35 volunteers). It is essential to hire, as gig labor, vetted, insurable drivers who also have the capabilities to handle the abundant physically demanding jobs inherent to the operations of a fast-paced food pantry that has an expanding delivery service.

THE LIFE NECESSITIES RESOURCE CENTER

Phase 1. Establishment of the Life Necessities Resource Center

The Life Necessities Resource Center recently was established in a 1,750 sq ft storefront unit in Beverly Plaza, adjacent to the Food Pantry. The Resource Center distributes life necessities to individuals and families, across the County, who are struggling & enduring difficult circumstances. These items range from sleeping bags to baby clothes & a host of health-oriented & shelter - related items in between. Such life necessities include health care aids, such as wheelchairs & walkers; personal care items; food prep & serving items; furniture, such as recliners, lift chairs & beds/ bedding ; clothing for all ages; household

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

goods, including fans & heaters; plus non-perishable food, including staples, canned goods, water & MREs. Life necessities delivery, in emergency situations, can be arranged.

The Resource Center's inventory is a consolidation & representation of the categories of life necessities that the LWM Thrift Store always has given out to those in need. Approximately 360 individuals a month have been receiving merchandise items from the Thrift Store. Household member extension brings that number to 480 recipients a month.

The vast community -donated . inventory of the 10,000 sq.ft. LWM Thrift Store regularly can keep the Resource Center inventory replenished.

The Resource Center also provides handicap -equipped transport, for struggling individuals, to health-related facilities (medical, mental health, rehab, & homeless), as well as to charitable organizations and County Government Agencies.

In coordination with the United Way Mission United program,
homes of disabled veterans are furnished with whatever basics & life necessities are needed. (The LWM CEO/Pastor, Wayne Wilkinson, himself, is a Vietnam combat veteran with disabilities).

Phase 2. Operation & Expansion
of the Life Necessities Resource Center Services

PROJECTIONS FOR
LIFE NECESSITIES
DISTRIBUTIONS BY RESOURCE CENTER

The Life Necessities Resource Center is now at the beginning of Phase 2 &, with an award of BOCC Grant funding, can proceed full speed ahead.

The consolidation of life necessities distribution, primarily into the Resource Center. has created a more efficient, rapid response & publicly accessible mode of operation. Its plan is to expand the current number of individuals (480 a month), receiving life necessities from the Thrift Store, to a significantly higher number with distribution by the Resource Center, with backup from the Thrift Store.The rate at which numbers escalate is based upon the rate at which additional individuals in need are identified by Resource Center & Thrift Store staff.

TOTAL PROJECTED CITRUS . COUNTY CITIZENS SERVED . BY RESOURCE CENTER

A 150% increase from approximately 480 a month, to 1,200 recipients a month, within six months, is projected.

RATIONALE FOR THE . ESTIMATED IMPACT OF . THE LIFE NECESSITIES . RESOURCE CENTER

The long lines at the adjacent Food Pantry provide Resource Center staff with the opportunity to talk to 100's of previously unserved/underserved individuals & families who need life

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

necessities assistance. Its strategic location next to the Citrus County Transit System Orange Line bus stop greatly increases visibility & accessibility.

In addition, the remaining components of Living Water Ministries, all located in Beverly Plaza, serve as adjunct contributors to the Complex in important ways. The LWM Thrift Store provides time, space, merchandise, volunteers & supplementary identification of individuals needing food & life necessities.The LWM Art Gallery provides works of art to lift up the spirits of Complex clientele.The LWM Church, just a few yards away, provides a conference room & more for those individuals who want to discuss their troubling issues in private &/or seek spiritual support. The LWM Ministry is out in the local neighborhoods identifying unserved/ underserved individuals & families. The LWM Fellowship Hall, once the pandemic has abated, will provide socializing opportunities (with meals) for Complex clientele.

THE PROJECTED IMPACT OF THE LIFE NECESSITIES COMPLEX OF LIVING WATER MINISTRIES ---THE FOOD PANTRY AND THE RESOURCE CENTER

As the planned outcome of the Food Pantry and Resource Center, which share synergistic goals, modes of operation, target populations, along with close proximity. the two LWM components are operating as a single entity - - - The Life Necessities Complex of Living Water Minustries.

The Life Necessities Complex is designed as a concise venue for supporting the corporate mission of Living Water Ministries, which is to address & serve the physical, mental, economic, social, & spiritual well-being & needs of all Citrus County citizens who are suffering & come to it for assistance. With an award of BOCC Grant funding, the attainment of its immediate goal, to lift up from desperation & despair an ever- increasing number of Citrus County citizens, is within reach.

Historically, for over 12 years, Living Water Ministries has been able to enhance the quality of life & elevate the standard of living for thousands of Citrus County citizens. Looking forward, The Life Necessities Complex portends to be a strong catalyst for exponentially increasing the magnitude of individuals & families served, especially in its bailiwick of Beverly Hills.

THE TOTAL OF CITRUS COUNTY CITIZENS CURRENTLY BEING SERVED BY THE LIFE NECESSITIES COMPLEX, IS 1,435 RECIPIENTS A MONTH.

THE PROJECTED TOTAL OF CITRUS COUNTY CITIZENS TO BE SERVED BY THE LIFE NECESSITIES COMPLEX, WITHIN SIX MONTHS, IS 3,250 RECIPIENTS A MONTH.

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

LIFE NECESSITIES COMPLEX
OF
LIVING WATER MINISTRIES

FOOD & HEALTH-RELATED SERVICES PROVIDED BY THE LIVING WATER MINISTRIES LIFE NECESSITIES COMPLEX, ALONG WITH THE THRIFT STORE & THE CHURCH

Living Water Ministries provides, to Citrus County citizens in need, the following services:

* Nutritionally-balanced food through its Food Pantry.

*Food delivery service to the homebound and homeless through its Food Pantry.

*Emergency 7 days/week food distribution through its Food Pantry.

*Distribution of Health-oriented & shelter-related life necessities through its Resource Center.

*In cooperation with the United Way, life necessities & basic home furnishings delivered to disabled veterans.

* Handicap-equipped transport to medical, mental health, rehab, & homeless facilities, as well as to other charitable organizations & County Government Agencies

*Referrals &follow-up of individuals to other charitable organizations and County Government Agencies

Spiritual support

*Special volunteer opportunities and support for the elderly and disabled.

*On-the-job training.for seniors, as part of U S. Labor Department Programs.

*Community Service worker training & guidance, including forTeen Court

*Bill paying, including utilities, rent, prescriptions, & doctor visits,.

*Thrift Store merchandise vouchers

*Citrus County. Transit System bus tickets

*On-the job training for volunteers, in a fast-paced, multi-tasking environment, with a view toward entering or - re-entering the job market

Among those in need served by Living Water Ministries & its Life Necessities Complex are the poor, the disabled, the elderly, the ill, the substance dependent, the homeless, the previously incarcerated, & the food insecure,

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

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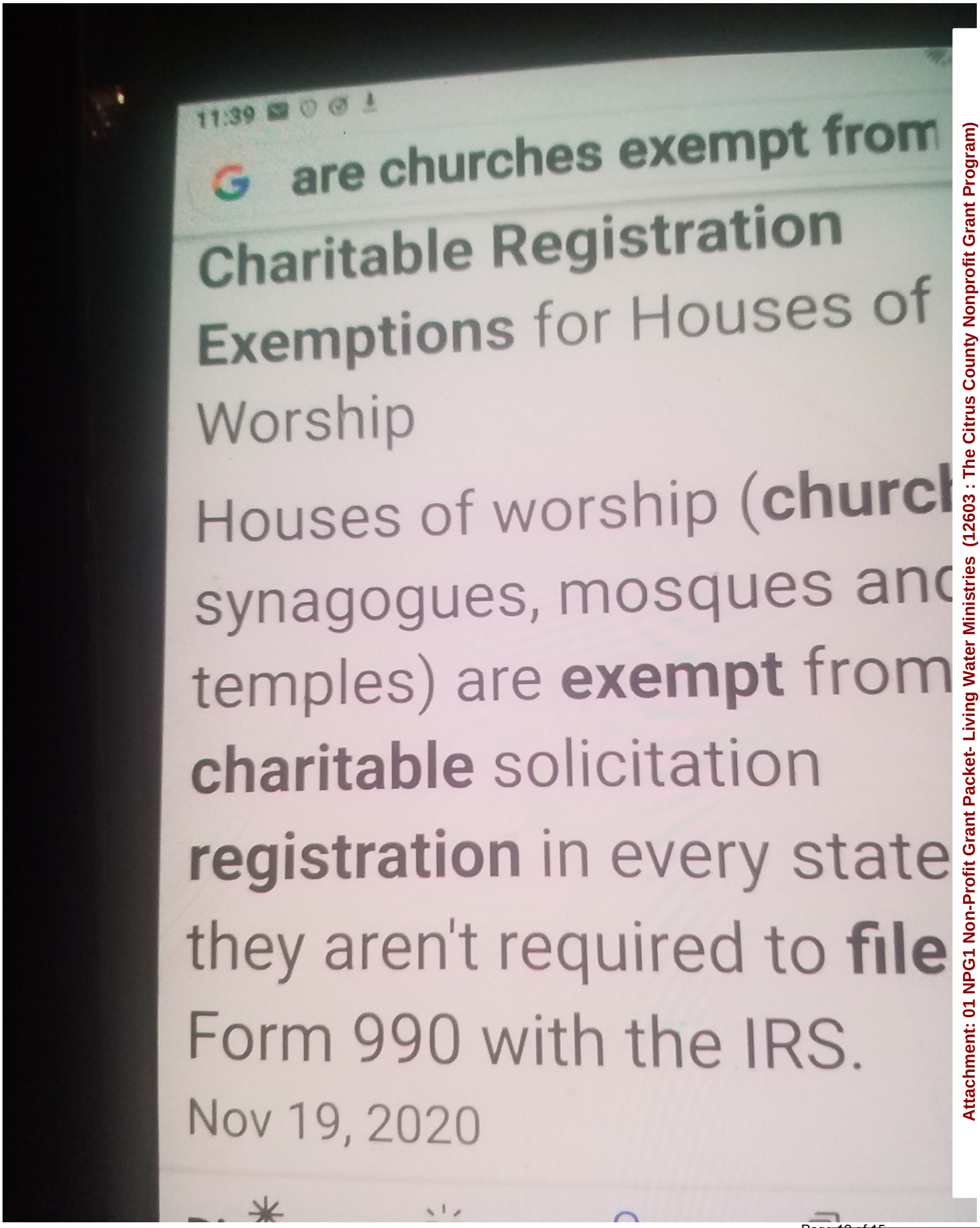

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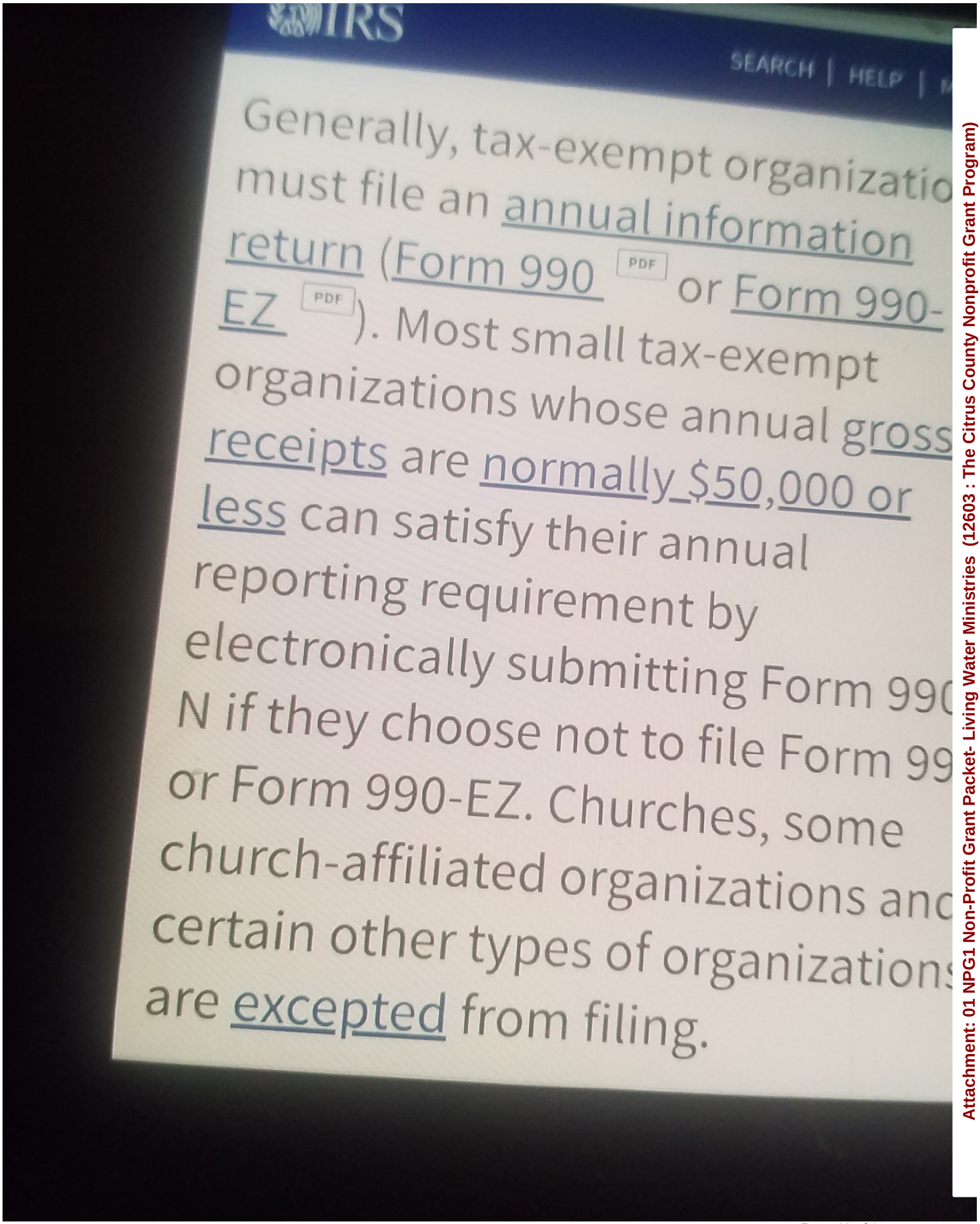

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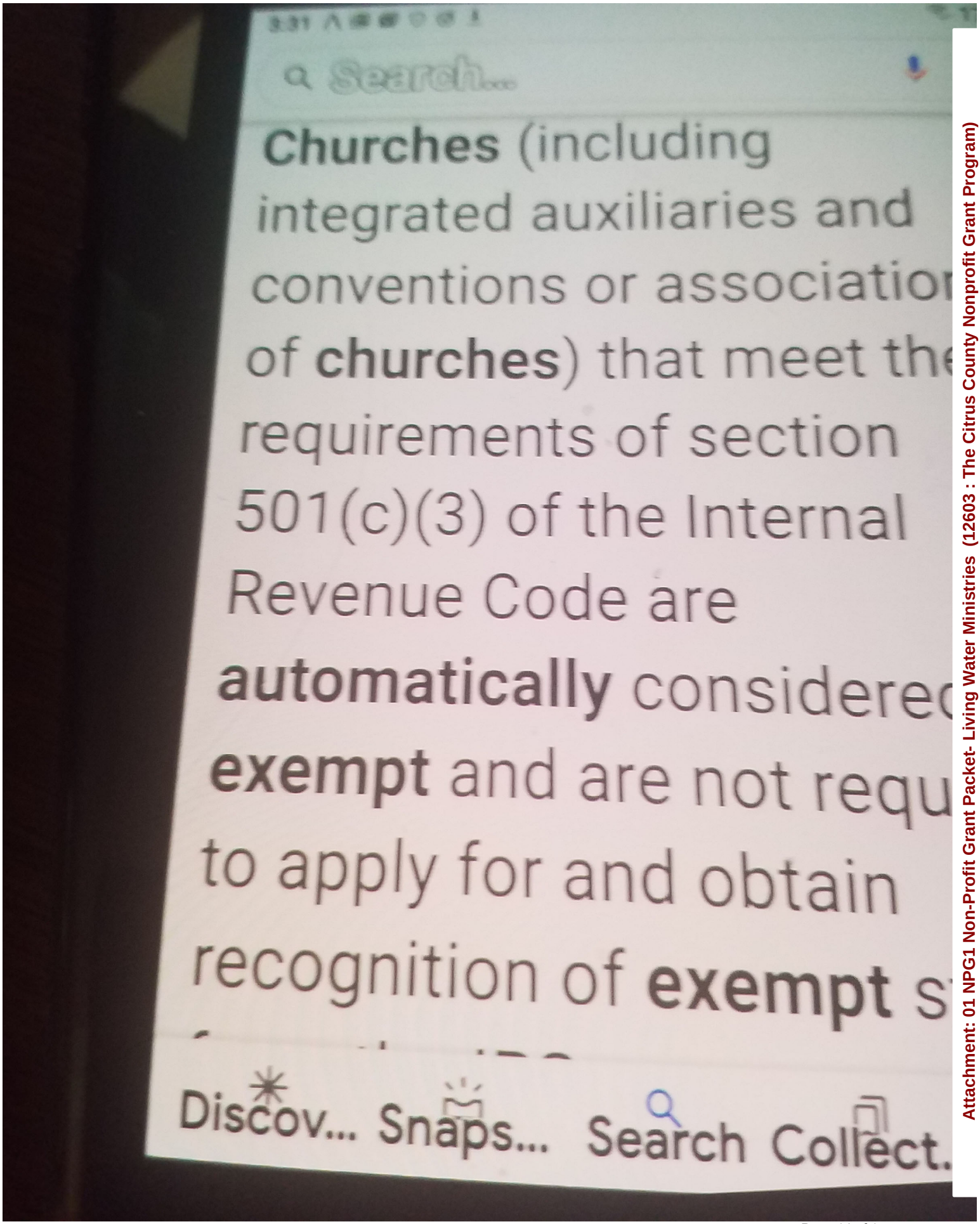


Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to t
requester. Do
send to the IRS

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
LIVINGWATER MINISTRIE OF CITRUS COUNTY

2 Business name/disregarded entity name, if different from above
LIVING WATER MINISTRIES

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 certain entities, not individuals; s instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Print or type. See Specific Instructions on page 3.

5 Address (number, street, and apt. or suite no.) See instructions.
4049 N. LECANTO HWY

6 City, state, and ZIP code
BEVERLY HILLS, FL 34465

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
59-2361242

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 a 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 becau 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 ▶ [signature] Date ▶ Feb 15, 202

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*.

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 gro 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 transaction
- Form 1098 (home mortgage interest), 1098-E (student loan intere 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 resider alien), to provide your correct TIN.

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

Attachment: 01 NPG1 Non-Profit Grant Packet- Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

Mid Florida Homeless Coalition, Inc.

Application

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000006

BARBARA WHEELER - MFHC01@gmail.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 24 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

MID FLORIDA HOMELESS COALITION, INC.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

104 E Dampier Street, Inverness, FL 34450

Mailing Address for Grant Check

Name

Barbara Wheeler

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

MID FLORIDA HOMELESS COALITION, INC.

Address

104 E DAMPIER ST

Address 2

(No response)

City

INVERNESS

State

FL

ZIP

34450

Country

United States

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

MFHC01@GMAIL.COM

Phone Number

352-860-2308

Business Website Address

MID FLORIDA HOMELESS COALITION, INC.

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

593800140

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

MID FLORIDA HOMELESS COALITION, INC.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 25,000.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 175,500.00

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

N/A

How many years has your organization served Citrus County?

19

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 2 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Mid Florida Homeless Coalition Inc.
Country: United States
Ein: 593800140
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 24 2021

MFHC W-9

Filename: MFHC_W-9.pdf **Size:** 110.5 kB

Upload a State of Florida charitable organization registration

Completed - Feb 22 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

FDACS Check-A-Charity

Filename: FDACS_Check-A-Charity.pdf **Size:** 73.7 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 25 2021

2019 IRS 990

Filename: 2019_IRS_990.pdf **Size:** 2.9 MB

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

IRS 990 2018

Filename: IRS_990_2018.pdf **Size:** 2.9 MB

2017 MFHC 990

Filename: 2017_MFHC_990.pdf **Size:** 3.4 MB

Upload Evaluation Criteria

Completed - Feb 24 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

CITRUS COUNTY REQUEST

Filename: CITRUS_COUNTY_REQUEST.pdf **Size:** 54.5 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Barbara Wheeler

Applicant Title

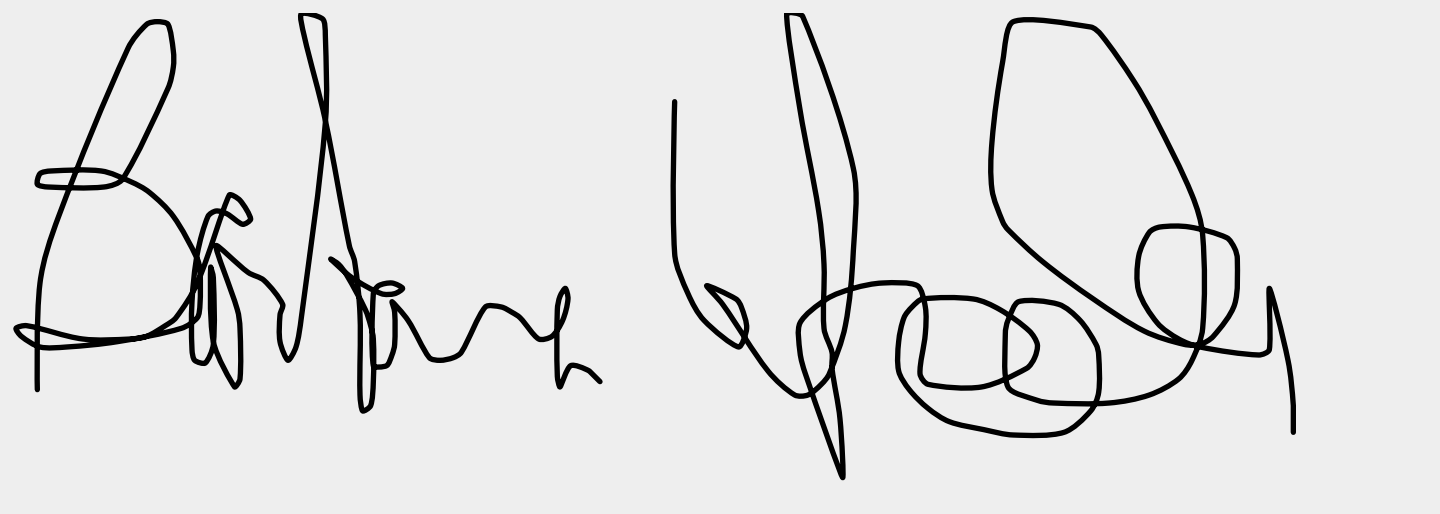
Executive Director

Date

Feb 25 2021

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.

   With the recent award of funds to several food organizations throughout the County, we have not found a need for additional funding for food for those who are experiencing homelessness. We have a partnership with the Community Food Bank of Citrus County, and they have always offered to provide food for those we serve through our outreach team.

   Mid Florida Homeless Coalition, Inc. has been awarded funds from the Citrus County Community Charitable Foundation to assist keeping those who are experiencing homelessness healthy during this pandemic.

   Mid Florida Homeless Coalition, Inc. (MFHC) is requesting funds for the additional costs associated with operating the Mid Florida Information Network (MFIN) for Citrus County. This system is used to gather information on people requesting and receiving various social services throughout our service area. With the increase in the number of Citrus County Users and the amount of data being entered, there is a need for an additional staff person. The cost for the staff and cost for new users to have access to the system are unbudgeted.

2. Detailed information on the food distribution and/or health care service deployment plan.

   Mid Florida Homeless Coalition, Inc. (MFHC) distributes food and medical supplies to those experiencing homelessness via a team who goes out to meet these persons where they reside. This application is not for either of these services, but for the data system where these and many other services are recorded.

   The MFIN can only be accessed by trained users once they are assigned a login. Information can be entered via any mobile device as it is accessed via the internet. Any organization that receives funds that require entry into the system are either contacted by our office or are encouraged to contact us. MFHC continues to educate social service and government organizations about this system, and encourages those that are providing especially financial assistance to enter their data into this system.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

3. How Citrus County will benefit from this program.

MFHC has been operating this database on behalf of the four counties that it serves since 2006. This database is used not only to gather data on those who are experiencing homelessness, but it is being used as a case management tool. When an organization receives a request for financial assistance, the database can be accessed to see if the person is in the system, has received services, and the type of services received. In addition to this shared information providing good case management information, it has also prevented a number of people from receiving assistance twice for the same need.

With the influx of CARES funding into Citrus County, the cost of operating this system has increased. There are currently 22 Users using the system in Citrus County. The yearly cost of these Users is now $11,692.56 plus an additional cost of an Administrative User of $2,154 for a total annual cost $13,846.56. In addition to the added costs due to the additional users, Mid Florida Homeless Coalition is also incurring additional costs for not only maintaining the quality of the data in the system, but for training costs, and data entry for other organizations such as Citrus County Government and The Path of Citrus County.
All organizations that are awarded FEMA Emergency Food and Shelter Program funds are required to enter the services that they are providing into the system. There are currently organizations that have been awarded funds under Phase 37, CARES, and Phase 38 that are all being spent concurrently.

All of the persons that were previously and currently being assisted by the Citrus County Housing Services with the use of CARES funding have been entered into the database by our staff. This is 154 cases to-date.

United Way of Citrus County is entering data into the system for the persons being assisted by the CARES funds that have been awarded by Citrus County. They also enter data on persons assisted with FEMA Emergency Food and Shelter Program funding, as well as HUD CoC funding, TANF, Emergency Solutions Grant, and Challenge Grant funding through Mid Florida Homeless Coalition.

4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Citrus County is served by a number of agencies throughout the county. Ten of those agencies enter the information for the people they serve into the Mid Florida Information Network. These agencies provide social service assistance with no restriction of services based on where someone lives within the county. Over the last calendar year, 1,441 persons received a service for food,

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

shelter, permanent housing, financial assistance, and homeless services including outreach and assessments that are required for programs funded through the Mid Florida Homeless Coalition, and requiring data entry into the Mid Florida Information Network

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Check-A-Charity

KNOW HOW YOUR MONEY IS BEING SPENT

Mid Florida Homeless Coalition, Inc., Inverness, FL

Registration Number :CH26231
Expiration Date : 5/28/2021
Revenue Source : 08 - IRS 990 w/ Sch.A (12/31/2018)
Total Revenue : $996,199.00
Program Services Expenses : $920,023.00 **94%**
Total Expenses : $982,930.00
Administrative Expenses : $62,614.00 **6%**
Surplus/Deficit : $13,269.00
Fundraising Expenses : $293.00 **0%**

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

MIDF0140 06/27/2018 10:04 AM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

For the 2017 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: MID FLORIDA HOMELESS COALITION, INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 3031

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: INVERNESS FL 34451-3031

D Employer identification number: **-***0140

E Telephone number: 352-860-2308

G Gross receipts $: 801,611

F Name and address of principal officer:
B.E. THOMPSON
PO BOX 491000
LEESBURG FL 34749-1000

H(a) Is this a group return for subordinates? Yes [ ] No [X]

H(b) Are all subordinates included? Yes [ ] No [ ]

If "No," attach a list. (see instructions)

Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

Website: ▶ MIDFLORIDAHOMELESS.ORG

H(c) Group exemption number ▶

Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2000

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS IN CITRUS, HERNANDO, LAKE, AND SUMTER COUNTIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	435,887	801,611
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	435,887	801,611
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	228,946	460,545
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	112,006	192,880
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 126		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	103,141	166,617
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	444,093	820,042
19	Revenue less expenses. Subtract line 18 from line 12	-8,206	-18,431

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	213,541	133,926
21	Total liabilities (Part X, line 26)	80,468	19,284
22	Net assets or fund balances. Subtract line 21 from line 20	133,073	114,642

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: B.E. Thompson Date:

B.E. THOMPSON PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARY BETH GARY
Preparer's signature:
Date: 06/27/18
Check [ ] if self-employed
PTIN: *********

Firm's name ▶ OLIVER & COMPANY, PA
Firm's EIN ▶ **-***5874

Firm's address ▶ 18 NORTH BROAD STREET
BROOKSVILLE, FL 34601
Phone no. 352-796-1444

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS IN CITRUS, HERNANDO, LAKE, AND SUMTER 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 ☒ 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 $ 300,503 including grants of $) (Revenue $)

WRITE GRANTS, EDUCATE COMMUNITIES,OVERSEE OPERATION OF HOMELESS MANAGEMEN INFORMATION SYSTEM (HMIS), AND PROVIDE INFORMATION AND REFERRALS. USERS OF THE SYSTEM ARE TRAINED ON HOW TO OPERATE THE SYSTEM TO ALLOW EFFECTIVE ANALYSIS OF THE DATA FOR USE IN ASSESSING THE NEEDS AND TRENDS THE COMMUNITIES SERVICED. PART OF THE MISSION IS TO PROMOTE PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS AND TO PROVIDE INFORMATION AND REFERRALS CONNECTING PEOPLE TO NEEDED SERVICES.

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

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

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

(Expenses $ 463,393 including grants of $ 460,545) (Revenue $)

4e Total program service expenses ▶ 763,896

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules *(continued)*

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		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	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*				

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

BARBARA WHEELER P.O. BOX 3031

INVERNESS FL 34451

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

[X] 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) B.E. THOMPSON PRESIDENT	2.00 0.00	X		X				0	0	
(2) BRUCE GIMBEL VICE PRESIDENT	2.00 0.00	X		X				0	0	
(3) SHANNON SOKOLOWSKI SECRETARY	1.00 0.00	X		X				0	0	
(4) STEVE SMITH TREASURER	1.00 0.00	X		X				0	0	
(5) MAUREEN WILSON DIRECTOR	1.00 0.00	X						0	0	
(6) VEDA RAMIREZ DIRECTOR	1.00 0.00	X						0	0	
(7) IRENE O'MALLEY DIRECTOR	1.00 0.00	X						0	0	
(8) GLORIA BOONE DIRECTOR	1.00 0.00	X						0	0	
(9) SANDY STOKES DIRECTOR	1.00 0.00	X						0	0	
(10)										
(11)										

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	5,000			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	762,639			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,972			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f		801,611			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions.		801,611	0	0	0

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	460,545	460,545		
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	179,174	141,373	37,801	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,706	10,721	2,985	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,256	1,199	57	
13 Office expenses	5,240	3,767	1,473	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	9,854	9,854		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,270	2,270		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,848	2,848		
23 Insurance	3,008	401	2,607	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
a HMIS EXPENSE	45,648	45,648		
b CONTRACT SERVICES	30,960	30,160	800	
c DIRECT SERVICES	27,679	27,679		
d RENT	11,900	9,520	2,380	
e All other expenses	25,954	17,911	7,917	12
25 **Total functional expenses.** Add lines 1 through 24e	820,042	763,896	56,020	12
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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		130,199	1	51,57
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	65,07
	4	Accounts receivable, net		74,599	4	11
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,167			
	b	Less: accumulated depreciation	10b 17,156	8,743	10c	17,01
	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
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		213,541	16	133,92
Liabilities	17	Accounts payable and accrued expenses		7,996	17	65
	18	Grants payable		10,531	18	4,44
	19	Deferred revenue		59,206	19	9,20
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,735	25	4,97
	26	**Total liabilities.** Add lines 17 through 25		80,468	26	19,28
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		133,073	27	114,64
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		133,073	33	114,6
	34	Total liabilities and net assets/fund balances		213,541	34	133,9

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	801,61
2	Total expenses (must equal Part IX, column (A), line 25)	2	820,04
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,43
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,07
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	114,64

Part XII Financial Statements and Reporting

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

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

-*0140

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	155,429	331,060	509,544	435,887	801,611	2,233,53
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	155,429	331,060	509,544	435,887	801,611	2,233,53
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						2,233,53

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	155,429	331,060	509,544	435,887	801,611	2,233,53
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						2,233,53

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	100.00%

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 ▶

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2016 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2017.** 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—2016.** 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 ▶

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	8		

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

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

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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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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B.1.c

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

2017

Open to Public Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

-*0140

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 ☐ N

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 ☐ N

Part II Conservation Easements.

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

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

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

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

	Held at the End of the Tax Ye
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? ☐ Yes ☐ N

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 ☐ I

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $
(ii) Assets included in Form 990, Part X ▶ $

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

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

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ N

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 ☐ N

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 ☐ N

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		34,167	17,156	17,0
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				17,0

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	4,971
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	4,971

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	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.

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.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

CHEDULE I
Form 990)

epartment of the Treasury
ternal 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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

ame of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

-*0140

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) THE REFUGE AT JUMPER CREEK 4912 SE 7TH DRIVE BUSHNELL FL 33513	**-***2008	501C3	171,130				
(2) LAKE COMMUNITY ACTION AGENCY 501 NORTH BAY STREET EUSTIS FL 32726	**-***3962	501C3	41,876				
(3) CATHOLIC CHARITIES DIOCESE ST PETER 1213 16TH ST N ST PETERSBURG FL 33705	**-***5805	501C3	86,539				
(4) UNITED WAY CITRUS COUNTY 1582 N MEADOWCREST BLVD. CRYSTAL RIVER FL 34429	**-***6815	501C3	119,592				
(5) DAYSTAR LIFE CENTER 6751 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429	**-***3539	501C3	21,163				
(6) DAWN CENTER 14540 CORTEZ BLVD, STE 202 BROOKSVILLE FL 34613	**-***8546	501C3	11,800				
(7) CITRUS ABUSE SHELTER P.O. BOX 205 INVERNESS FL 34451	**-***5910	501C3	8,300				
(8)							
(9)							

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

Enter total number of other organizations listed in the line 1 table ▶

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B.1.c

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.

Page
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DA
B.1.c
Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

-*0140

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

WRITE GRANTS, EDUCATE COMMUNITIES,OVERSEE OPERATION OF HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS), AND PROVIDE INFORMATION AND REFERRALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FINAL VERSION OF THE FORM 990 AND ALL REQUIRED SCHEDULES ARE PROVIDED TO THE BOARD MEMBERS FOR REVIEW

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH OFFICER AND DIRECTOR SHALL SIGN ANNUALLY A STATEMENT THAT AFFIRMS THE FOLLOWING: 1.) THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2.) HAVE READ AND UNDERSTOOD THE POLICY, 3.) HAVE AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION DECISIONS ARE MADE BY A COMMITTEE OF THE BOARD OF DIRECTORS INCLUDING COMPARISON OF SIMILAR POSITIONS IN THE LOCAL COMMUNITIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ANNUAL RETURN AND FINANCIAL STATEMENTS ARE MADE AVAILABLE AS REQUESTED

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. 17

Name(s) shown on return: MID FLORIDA HOMELESS COALITION, INC

Identifying number: **-***0140

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	510,00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,00
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	2,84

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 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,8
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.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

MIDF0140 Mid Florida Homeless Coalition, Inc
-*0140
FYE: 12/31/2017

06/27/2018 10:04 AM

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
Other Depreciation:												
2	Dell Vostro	10/31/07	810				810	5	MO	S/L	810	0
4	Epson 83C XG	10/31/07	725				725	5	MO	S/L	725	0
5	9 HP Pavilion @ 679.99 each	10/29/09	6,120				6,120	5	MO	S/L	6,120	0
8	7 HP Pavilion I @ 779.99 each Sold/Scrapped: 10/15/17	10/28/10	5,460				5,460	5	MO	S/L	5,460	0
9	8 Toshiba Satel @479.99 each	10/31/12	3,840				3,840	5	MO	S/L	3,840	0
10	7 Magicard Enduro ID Card Printers	9/30/15	7,000				7,000	5	MO	S/L	1,750	1,400
14	3 13-inch MacBook Air @ 1099.00 each	10/26/15	3,297				3,297	5	MO	S/L	769	660
15	2 IPad Air 2 @ 629.00 each	10/29/15	1,258				1,258	5	MO	S/L	294	251
16	HP Notebooks 5@529.99	10/30/17	2,650				2,650	5	MO	S/L	0	88
17	HP Notebook 7 Dual Core	10/23/17	599				599	5	MO	S/L	0	20
18	HP Notebooks 2 @ $649	10/23/17	1,298				1,298	5	MO	S/L	0	43
19	Macbook Air 2 @ $999	6/14/17	1,998				1,998	5	MO	S/L	0	233
20	MacBook Air 2 @ $999	10/30/17	1,998				1,998	5	MO	S/L	0	67
21	7 HP Pavilion @ 679.99 each Sold/Scrapped: 10/15/17	10/29/09	4,760				4,760	5	MO	S/L	4,760	0
22	1 HP Pavilion @ 679.99 each Sold/Scrapped: 11/01/17	10/29/09	680				680	5	MO	S/L	680	0
23	6 Toshiba Satel @479.99 each Sold/Scrapped: 10/15/17	10/31/12	2,880				2,880	5	MO	S/L	2,880	0
24	HP Notebooks 4 @ $399	10/23/17	1,596				1,596	5	MO	S/L	0	53
25	HP Notebooks 2 @ $489	10/23/17	978				978	5	MO	S/L	0	33
	Total Other Depreciation		47,947				47,947				28,088	2,848
	Total ACRS and Other Depreciation		47,947				47,947				28,088	2,848
	Grand Totals		47,947				47,947				28,088	2,848
	Less: Dispositions and Transfers		13,780				13,780				13,780	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		34,167				34,167				14,308	2,848

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

MIDF0140 Mid Florida Homeless Coalition, Inc
-*0140
FYE: 12/31/2017

06/27/2018 10:04 AM

FL Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
2	Dell Vostro	10/31/07	810	810	810	0	0	0
4	Epson 83C XG	10/31/07	725	725	725	0	0	0
5	9 HP Pavilion @ 679.99 each	10/29/09	6,120	6,120	6,120	0	0	0
8	7 HP Pavilion I @ 779.99 each Sold/Scrapped: 10/15/17	10/28/10	5,460	5,460	5,460	0	0	0
9	8 Toshiba Satel @479.99 each	10/31/12	3,840	3,840	3,840	0	0	0
10	7 Magicard Enduro ID Card Printers	9/30/15	7,000	7,000	1,750	1,400	1,400	0
14	3 13-inch MacBook Air @ 1099.00 each	10/26/15	3,297	3,297	769	660	660	0
15	2 IPad Air 2 @ 629.00 each	10/29/15	1,258	1,258	294	251	251	0
16	HP Notebooks 5@529.99	10/30/17	2,650	2,650	0	88	88	0
17	HP Notebook 7 Dual Core	10/23/17	599	599	0	20	20	0
18	HP Notebooks 2 @ $649	10/23/17	1,298	1,298	0	43	43	0
19	Macbook Air 2 @ $999	6/14/17	1,998	1,998	0	233	233	0
20	MacBook Air 2 @ $999	10/30/17	1,998	1,998	0	67	67	0
21	7 HP Pavilion @ 679.99 each Sold/Scrapped: 10/15/17	10/29/09	4,760	4,760	4,760	0	0	0
22	1 HP Pavilion @ 679.99 each Sold/Scrapped: 11/01/17	10/29/09	680	680	680	0	0	0
23	6 Toshiba Satel @479.99 each Sold/Scrapped: 10/15/17	10/31/12	2,880	2,880	2,880	0	0	0
24	HP Notebooks 4 @ $399	10/23/17	1,596	1,596	0	53	53	0
25	HP Notebooks 2 @ $489	10/23/17	978	978	0	33	33	0
	Total Other Depreciation		47,947	47,947	28,088	2,848	2,848	0
	Total ACRS and Other Depreciation		47,947	47,947	28,088	2,848	2,848	0
	Grand Totals		47,947	47,947	28,088	2,848	2,848	0
	Less: Dispositions		13,780	13,780	13,780	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		34,167	34,167	14,308	2,848	2,848	0

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

MIDF0140 Mid Florida Homeless Coalition, Inc
-*0140
FYE: 12/31/2017

06/27/2018 10:04 AM

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
2	Dell Vostro	10/31/07	810				810	5	MO	S/L	810	0
4	Epson 83C XG	10/31/07	725				725	5	MO	S/L	725	0
5	9 HP Pavilion @ 679.99 each	10/29/09	6,120				6,120	5	MO	S/L	6,120	0
8	7 HP Pavilion I @ 779.99 each	10/28/10	5,460				5,460	5	MO	S/L	5,460	0
	Sold/Scrapped: 10/15/17											
9	8 Toshiba Satel @479.99 each	10/31/12	3,840				3,840	5	MO	S/L	3,840	0
10	7 Magicard Enduro ID Card Printers	9/30/15	7,000				7,000	5	MO	S/L	1,750	1,400
14	3 13-inch MacBook Air @ 1099.00 each	10/26/15	3,297				3,297	5	MO	S/L	769	660
15	2 IPad Air 2 @ 629.00 each	10/29/15	1,258				1,258	5	MO	S/L	294	251
16	HP Notebooks 5@529.99	10/30/17	2,650				2,650	5	MO	S/L	0	88
17	HP Notebook 7 Dual Core	10/23/17	599				599	5	MO	S/L	0	20
18	HP Notebooks 2 @ $649	10/23/17	1,298				1,298	5	MO	S/L	0	43
19	Macbook Air 2 @ $999	6/14/17	1,998				1,998	5	MO	S/L	0	233
20	MacBook Air 2 @ $999	10/30/17	1,998				1,998	5	MO	S/L	0	67
21	7 HP Pavilion @ 679.99 each	10/29/09	4,760				4,760	5	MO	S/L	4,760	0
	Sold/Scrapped: 10/15/17											
22	1 HP Pavilion @ 679.99 each	10/29/09	680				680	5	MO	S/L	680	0
	Sold/Scrapped: 11/01/17											
23	6 Toshiba Satel @479.99 each	10/31/12	2,880				2,880	5	MO	S/L	2,880	0
	Sold/Scrapped: 10/15/17											
24	HP Notebooks 4 @ $399	10/23/17	1,596				1,596	5	MO	S/L	0	53
25	HP Notebooks 2 @ $489	10/23/17	978				978	5	MO	S/L	0	33
	Total Other Depreciation		47,947				47,947				28,088	2,848
	Total ACRS and Other Depreciation		47,947				47,947				28,088	2,848
	Grand Totals		47,947				47,947				28,088	2,848
	Less: Dispositions and Transfers		13,780				13,780				13,780	0
	Net Grand Totals		34,167				34,167				14,308	2,848

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

MIDF0140 Mid Florida Homeless Coalition, Inc
-*0140
FYE: 12/31/2017

06/27/2018 10:04 AM

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

MIDF0140 Mid Florida Homeless Coalition, Inc 06/27/2018 10:04 AM
-*0140 **FL Future Depreciation Report FYE: 12/31/18**
FYE: 12/31/2017 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	FL
Other Depreciation:				
2	Dell Vostro	10/31/07	810	0
4	Epson 83C XG	10/31/07	725	0
5	9 HP Pavilion @ 679.99 each	10/29/09	6,120	0
9	8 Toshiba Satel @479.99 each	10/31/12	3,840	0
10	7 Magicard Enduro ID Card Printers	9/30/15	7,000	1,400
14	3 13-inch MacBook Air @ 1099.00 each	10/26/15	3,297	659
15	2 IPad Air 2 @ 629.00 each	10/29/15	1,258	252
16	HP Notebooks 5@529.99	10/30/17	2,650	530
17	HP Notebook 7 Dual Core	10/23/17	599	120
18	HP Notebooks 2 @ $649	10/23/17	1,298	260
19	Macbook Air 2 @ $999	6/14/17	1,998	400
20	MacBook Air 2 @ $999	10/30/17	1,998	399
24	HP Notebooks 4 @ $399	10/23/17	1,596	319
25	HP Notebooks 2 @ $489	10/23/17	978	195
	Total Other Depreciation		34,167	4,534
	Total ACRS and Other Depreciation		34,167	4,534
	Grand Totals		34,167	4,534

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

MIDF0140 Mid Florida Homeless Coalition, Inc 06/27/2018 10:04 AM
-*0140 **Future Depreciation Report FYE: 12/31/18**
FYE: 12/31/2017 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	Dell Vostro	10/31/07	810	0	0
4	Epson 83C XG	10/31/07	725	0	0
5	9 HP Pavilion @ 679.99 each	10/29/09	6,120	0	0
9	8 Toshiba Satel @479.99 each	10/31/12	3,840	0	0
10	7 Magicard Enduro ID Card Printers	9/30/15	7,000	1,400	1,400
14	3 13-inch MacBook Air @ 1099.00 each	10/26/15	3,297	659	659
15	2 IPad Air 2 @ 629.00 each	10/29/15	1,258	252	252
16	HP Notebooks 5@529.99	10/30/17	2,650	530	530
17	HP Notebook 7 Dual Core	10/23/17	599	120	120
18	HP Notebooks 2 @ $649	10/23/17	1,298	260	260
19	Macbook Air 2 @ $999	6/14/17	1,998	400	400
20	MacBook Air 2 @ $999	10/30/17	1,998	399	399
24	HP Notebooks 4 @ $399	10/23/17	1,596	319	319
25	HP Notebooks 2 @ $489	10/23/17	978	195	195
	Total Other Depreciation		34,167	4,534	4,534
	Total ACRS and Other Depreciation		34,167	4,534	4,534
	Grand Totals		34,167	4,534	4,534

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Two Year Comparison Report

For calendar year 2017, or tax year beginning , ending

2016 & 2017

Name

MID FLORIDA HOMELESS COALITION, INC

Taxpayer Identification Number

-*0140

			2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1.	15,789	33,972	18,18
	2. Membership dues and assessments	2.	2,940	5,000	2,06
	3. Government contributions and grants	3.	417,158	762,639	345,48
	4. Program service revenue	4.			
	5. Investment income	5.			
	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. **Total revenue.** Add lines 1 through 11	12.	435,887	801,611	365,72
Expenses	13. Grants and similar amounts paid	13.	228,946	460,545	231,59
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	112,006	192,880	80,87
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	2,311	2,848	53
	21. Other expenses	21.	100,830	163,769	62,93
	22. **Total expenses.** Add lines 13 through 21	22.	444,093	820,042	375,94
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-8,206	-18,431	-10,22
Other Information	24. Total exempt revenue	24.	435,887	801,611	365,72
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.			
	27. Total assets	27.	213,541	133,926	-79,61
	28. Total liabilities	28.	80,468	19,284	-61,18
	29. Retained earnings	29.	133,073	114,642	-18,43
	30. Number of voting members of governing body	30.	9	9	
	31. Number of independent voting members of governing body	31.	9	9	
	32. Number of employees	32.	4	12	
	33. Number of volunteers	33.			

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Tax Return History

2017

Name: MID FLORIDA HOMELESS COALITION, INC

Employer Identification Number: **-***0140

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants		329,185	506,894	432,947	796,611	
Membership dues		1,875	2,650	2,940	5,000	
Program service revenue						
Capital gain or loss			-113			
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		331,060	509,431	435,887	801,611	
Grants and similar amounts paid		50,316	316,882	228,946	460,545	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		29,570	93,879	112,006	192,880	
Professional fees						
Occupancy costs						
Depreciation and depletion		2,016	1,737	2,311	2,848	
Other expenses		149,805	95,751	100,830	163,769	
Total expenses		231,707	508,249	444,093	820,042	
Excess or (Deficit)		99,353	1,182	-8,206	-18,431	
Total exempt revenue		331,060	509,431	435,887	801,611	
Total unrelated revenue						
Total excludable revenue			-113			
Total Assets		145,210	203,369	213,541	133,926	
Total Liabilities		5,113	62,090	80,468	19,284	
Net Fund Balances		140,097	141,279	133,073	114,642	

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPPLIES AND MATERIALS	$ 8,905	$ 6,624	$ 2,281	$
PROFESSIONAL SERVICES	6,275	3,137	3,138	
TELEPHONE	4,237	3,328	909	
LICENSES AND FEES	2,951	2,711	115	125
UTILITIES	1,659	844	815	
EQUIPMENT RENTAL AND MAIN	1,077	554	523	
POSTAGE & DELIVERY	441	328	112	1
DUES	385	385		
MISCELLANEOUS	24		24	
TOTAL	$ 25,954	$ 17,911	$ 7,917	$ 126

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

12282 06/19/2019 4:55 PM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

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

C Name of organization: MID FLORIDA HOMELESS COALITION, INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 104 E DAMPIER ST

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: INVERNESS FL 34450

D Employer identification number: 59-3800140

E Telephone number: 352-860-2308

G Gross receipts $: 996,199

F Name and address of principal officer:
SHANNON SOKOLOWSKI
104 E DAMPIER STREET
INVERNESS FL 34450

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

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

J Website: ▶ MIDFLORIDAHOMELESS.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS IN CITRUS, HERNANDO, LAKE, AND SUMTER COUNTIES.

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	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	12
6 Total number of volunteers (estimate if necessary)	6	15
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	801,611	996,199
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	801,611	996,199
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	460,545	478,062
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	192,880	310,396
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 293		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	166,617	194,472
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	820,042	982,930
19 Revenue less expenses. Subtract line 18 from line 12	-18,431	13,269

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	133,926	212,063
21 Total liabilities (Part X, line 26)	19,284	84,152
22 Net assets or fund balances. Subtract line 21 from line 20	114,642	127,911

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ SHANNON SOKOLOWSKI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
W. ED MOSS JR.		06/19/19		P00531414

Firm's name ▶ MOSS, KRUSICK & ASSOCIATES, LLC — Firm's EIN ▶ 59-3017072

Firm's address ▶ 501 S NEW YORK AVE STE 100 WINTER PARK, FL 32789-4241 — Phone no. 407-644-5811

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

DAA

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS IN CITRUS, HERNANDO, LAKE, AND SUMTER 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 ☒

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 ☒

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 $ 437,060 including grants of $) (Revenue $

WRITE GRANTS, EDUCATE COMMUNITIES, OVERSEE OPERATION OF HOMELESS MANAGEME INFORMATION SYSTEM (HMIS), AND PROVIDE INFORMATION AND REFERRALS. USERS O THE SYSTEM ARE TRAINED ON HOW TO OPERATE THE SYSTEM TO ALLOW EFFECTIVE ANALYSIS OF THE DATA FOR USE IN ASSESSING THE NEEDS AND TRENDS IN THE COMMUNITIES SERVICED. PART OF THE MISSION IS TO PROMITE PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS AND TO PROVIDE INFORMATION AND RREFERRALS CONNECTING PEOPLE TO NEEDED SERVICES.

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

N/A

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

N/A

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

(Expenses $ 482,963 including grants of $ 482,963) (Revenue $)

4e Total program service expenses ▶ 920,023

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules *(continued)*

			Yes	N
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

				Yes	
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	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for 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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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		
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		

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			
6	Did the organization have members or stockholders?	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			

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

			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

SHANNON SOKOLOWSKI 104 E DAMPIER ST

INVERNESS FL 34450 352-860-2308

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANNON SOKOLOWSKI	2.00									
PRESIDENT	0.00	X		X				0	0	
(2) GLORIA BOONE	2.00									
VICE PRESIDENT	0.00	X		X				0	0	
(3) SANDY STOKES III	2.00									
SECRETARY/TREASURER	0.00	X		X				0	0	
(4) MAUREEN WILSON	1.00									
DIRECTOR	0.00	X						0	0	
(5) VEDA RAMIREZ	1.00									
DIRECTOR	0.00	X						0	0	
(6) MARK COMPSTON	1.00									
DIRECTOR	0.00	X						0	0	
(7) RENEE M. BUNN	1.00									
DIRECTOR	0.00	X						0	0	
(8) KIM DUCHARME LEVENSOHN	1.00									
DIRECTOR	0.00	X						0	0	
(9) TIMOTHY MCCORMACK	1.00									
DIRECTOR	0.00	X						0	0	
(10) JARED TANNER	1.00									
DIRECTOR	0.00	X						0	0	
(11) B.E. THOMPSON	1.00									
IMM. PAST-PRESIDENT	0.00	X						0	0	0

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	1,428			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	965,084			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,687			
	g Noncash contributions included in lines 1a-1f: $ 15,160					
	h Total. Add lines 1a–1f		996,199			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d					
	12 Total revenue. See instructions.		996,199	0	0	

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	478,062	478,062		
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	288,282	240,103	47,926	2!
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	22,114	18,248	3,847	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	20,033	13,174	6,859	
14 Information technology	45,625	45,625		
15 Royalties				
16 Occupancy	20,400	20,400		
17 Travel	27,026	26,995	10	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,772	7,772		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,901	4,901		
23 Insurance	3,471	2,897	574	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	26,013	25,681	332	
b DIRECT SERVICE	18,774	18,774		
c TELEPHONE	5,951	5,717	234	
d PROFESSIONAL SERVICES	4,545	4,227	318	
e All other expenses	9,961	7,447	2,514	
25 **Total functional expenses.** Add lines 1 through 24e	982,930	920,023	62,614	2
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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		51,573	1	64,4
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		65,070	3	129,7
	4	Accounts receivable, net		112	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,164			
	b	Less: accumulated depreciation	10b 22,057	17,011	10c	15,1
	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		160	15	2,7
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		133,926	16	212,0
Liabilities	17	Accounts payable and accrued expenses		659	17	80,7
	18	Grants payable		4,447	18	
	19	Deferred revenue		9,207	19	2,0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			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		4,971	25	1,3
	26	**Total liabilities.** Add lines 17 through 25		19,284	26	84,1
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		114,642	27	127,9
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		114,642	33	127,9
	34	Total liabilities and net assets/fund balances		133,926	34	212,0

Form **990** (

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	996,1
2	Total expenses (must equal Part IX, column (A), line 25)	2	982,9
3	Revenue less expenses. Subtract line 2 from line 1	3	13,2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,6
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	127,9

Part XII Financial Statements and Reporting

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

			Yes	N
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Publi Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	331,060	509,544	435,887	801,611	996,199	3,074,[illegible]
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	331,060	509,544	435,887	801,611	996,199	3,074,[illegible]
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						3,074,[illegible]

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	331,060	509,544	435,887	801,611	996,199	3,074,[illegible]
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3,074,[illegible]

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00
15	Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 ▶

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15
16	Public support percentage from 2017 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2018.** 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—2017.** 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 ▶

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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	N
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	N
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	N
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	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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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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B.1.c

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* for the latest information.

OMB No. 1545-0047

2018

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

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 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).

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Name of organization
MID FLORIDA HOMELESS COALITION, INC

Employer identification number
59-3800140

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.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMEMT 451 7TH ST., SW WASHINGTON DC 20410	$ 465,177	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE., SW WASHINGTON DC 20201	$ 206,606	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	STATE OF FLORIDA DEPARTMENT OF CHILDREN & FAMILIES 400 W ROBINSON ST #709 ORLANDO FL 32801	$ 293,301	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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

2018

Open to Public Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

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 ☐

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 ☐

Part II Conservation Easements.

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

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

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

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

	Held at the End of the Tax Y
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? ☐ Yes ☐

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 ☐

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $
(ii) Assets included in Form 990, Part X ▶ $

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

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐

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 ☐

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 ☐

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 bac
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,164	22,057	15,1
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				15,1

Schedule D (Form 990) 2

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	1,331
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,331

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,002,1
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	6,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	6,0
3	Subtract line 2e from line 1			3	996,1
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	996,1

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	988,9
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	6,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	6,0
3	Subtract line 2e from line 1			3	982,9
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	982,9

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.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: MID FLORIDA HOMELESS COALITION, INC

Employer identification number: 59-3800140

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) DAYSTAR LIFE CENTER 6751 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429	65-0523539	501C3	15,105				
(2) DAWN CENTER SHELTER 14540 CORTEZ BLVD STE 202 BROOKSVILLE FL 34613	59-3188546	501C3	54,846				
(3) LAKE COMMUNITY ACTION CENTER 501 NORTH BAY STREET EUSTIS FL 32726	59-1143962	501C3	57,320				
(4) CATHOLIC CHARITIES DIOCESE ST. PETE 1213 16TH ST N ST PETERSBURG FL 33705	59-0875805	501C3	41,192				
(5) UNITED WAY CITRUS COUNTY 1582 MEADOWCREST BLVD CRYSTAL RIVER FL 34429	59-2766815	501C3	164,685				
(6) CITRUS ABUSE CENTER PO BOX 205 INVERNESS FL 34451	59-2335910	501C3	24,148				
(7) LIFESTREAM BEHAVIORAL CENTERS PO BOX 491000 LEESBURG FL 34749	59-1561501	501C3	117,253				
(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 ▶

or Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (201
AA
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B.1.c
Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.

B.1.c

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* for the latest information.

OMB No. 1545-0047

2018

Open to Publ Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

WRITE GRANTS, EDUCATE COMMUNITIES, OVERSEE OPERATION OF HOMELESS MANAGEMEN INFORMATION SYSTEM (HMIS), AND PROVIDE INFORMATION AND REFERRALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FINAL VERSION OF THE FORM 990 AND ALL REQUIRED SCHEDULES ARE PROVIDED TO THE BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH OFFICER AND DIRECTOR SHALL SIGN ANNUALLY A STATEMENT THAT AFFRIMS THE FOLLOWING 1) THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAVE READ AND UNDERSTOOD THE POLICY, 3) HAVE AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION DECISIONS ARE MADE BY A COMMITTEE OF THE BOARD OF DIRECTORS INCLUDING COMPARISON OF SIMILAR POSITIONS IN THE LOCAL COMMUNITIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ANNUAL RETURN AND FINANCIAL STATEMENTS ARE MADE AVAILABLE AS REQUESTED.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to *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 , and ending

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

C Name of organization
MID FLORIDA HOMELESS COALITION, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
104 E DAMPIER ST

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS FL 34450

D Employer identification number
59-3800140

E Telephone number
352-860-2308

G Gross receipts $ 1,011,2

F Name and address of principal officer:
GLORIA BOONE
104 E. DAMPIER STREET
INVERNESS FL 34450

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: ▶ MIDFLORIDAHOMELESS.ORG

H(c) Group exemption number ▶

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

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS IN CITRUS, HERNANDO, LAKE, AND SUMTER COUNTIES.

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	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	996,199	1,011,2(
9 Program service revenue (Part VIII, line 2g)	0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	996,199	1,011,2(
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	478,062	337,4(
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	310,396	330,9:
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,271		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	194,472	251,3'
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	982,930	919,7!
19 Revenue less expenses. Subtract line 18 from line 12	13,269	91,4(

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	212,063	267,8(
21 Total liabilities (Part X, line 26)	84,151	48,4!
22 Net assets or fund balances. Subtract line 21 from line 20	127,912	219,3!

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

Gloria A. Boone
Signature of officer

July 10, 202
Date

GLORIA BOONE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
W. ED MOSS JR.		07/06/20		P00531414

Firm's name ▶ MOSS, KRUSICK & ASSOCIATES, LLC — Firm's EIN ▶ 59-301707

Firm's address ▶ 501 S NEW YORK AVE STE 100 WINTER PARK, FL 32789-4241 — Phone no. 407-644-58

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS IN CITRUS, HERNANDO, LAKE, AND SUMTER 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 ☒ 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 $ 511,862 including grants of $) (Revenue $)

WRITE GRANTS, EDUCATE COMMUNITIES, OVERSEE OPERATION OF HOMELESS MANAGEME INFORMATION SYSTEM (HMIS), AND PROVIDE INFORMATION AND REFERRALS. USERS O THE SYSTEM ARE TRAINED ON HOW TO OPERATE THE SYSTEM TO ALLOW EFFECTIVE ANALYSIS OF THE DATA FOR USE IN ASSESSING THE NEEDS AND TRENDS IN THE COMMUNITIES SERVICED. PART OF THE MISSION IS TO PROMITE PARTNERSHIPS THAT WILL REDUCE AND PREVENT HOMELESSNESS AND TO PROVIDE INFORMATION AND RREFERRALS CONNECTING PEOPLE TO NEEDED SERVICES.

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 $ 337,469 including grants of $ 337,469) (Revenue $)

4e Total program service expenses ▶ 849,331

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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Part IV Checklist of Required Schedules *(continued)*

			Yes	N
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5 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*	26		
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*	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		
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*	28c		
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	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	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	N
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	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			
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			
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			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
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			
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			

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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	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			
6	Did the organization have members or stockholders?	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			

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

			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 ▶

SHANNON SOKOLOWSKI 104 E DAMPIER ST

INVERNESS FL 34450 352-860-2308

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.

[X] 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) SHANNON SOKOLOWSKI PRESIDENT	2.00 0.00	X		X				0	0	
(2) GLORIA BOONE VICE PRESIDENT	2.00 0.00	X		X				0	0	
(3) SANDY STOKES III SECRETARY/TREASURER	2.00 0.00	X		X				0	0	
(4) MAUREEN WILSON DIRECTOR	1.00 0.00	X						0	0	
(5) VEDA RAMIREZ DIRECTOR	1.00 0.00	X						0	0	
(6) MARK COMPSTON DIRECTOR	1.00 0.00	X						0	0	
(7) RENEE M. BUNN DIRECTOR	1.00 0.00	X						0	0	
(8) KIM DUCHARME LEVENSOHN DIRECTOR	1.00 0.00	X						0	0	
(9) TIMOTHY MCCORMACK DIRECTOR	1.00 0.00	X						0	0	
(10) JARED TANNER DIRECTOR	1.00 0.00	X						0	0	
(11) B.E. THOMPSON IMM. PAST-PRESIDENT	1.00 0.00	X						0	0	

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B.1.c

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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 ▶ 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*		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		

Section B. Independent Contractors

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

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

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

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,650				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	843,851				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	165,703				
	g Noncash contributions included in lines 1a-1f	1g	$ 46,956				
	h **Total.** Add lines 1a–1f			1,011,204			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	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	7a	(i) Securities / (ii) Other				
	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						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			1,011,204	0	0	

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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

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	337,469	337,469		
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	307,328	257,533	49,249	5
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	23,589	19,577	3,970	
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.)				
12 Advertising and promotion				
13 Office expenses	17,744	13,659	3,869	2
14 Information technology	45,648	45,648		
15 Royalties				
16 Occupancy	20,400	14,863	5,537	
17 Travel	27,362	27,362		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,782	5,782		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,436	5,436		
23 Insurance	3,717	3,143	574	
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 DIRECT SERVICE	90,218	90,218		
b CONTRACT SERVICES	10,000	10,000		
c PROFESSIONAL SERVICES	9,500	6,918	2,582	
d TELEPHONE	6,912	6,594	318	
e All other expenses	8,652	5,129	2,056	1,4
25 Total functional expenses. Add lines 1 through 24e	919,757	849,331	68,155	2,2
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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		64,452	1	142,43
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		129,790	3	111,32
	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			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,086			
	b	Less: accumulated depreciation	10b 27,493	15,107	10c	13,59
	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		2,714	15	48
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		212,063	16	267,84
Liabilities	17	Accounts payable and accrued expenses		80,760	17	27,58
	18	Grants payable			18	
	19	Deferred revenue		2,060	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		1,331	25	20,90
	26	**Total liabilities.** Add lines 17 through 25		84,151	26	48,48
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		127,912	27	219,35
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ [ ] 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	Total net assets or fund balances		127,912	32	219,35
	33	Total liabilities and net assets/fund balances		212,063	33	267,84

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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	1,011,2(
2	Total expenses (must equal Part IX, column (A), line 25)	2	919,7[illegible]
3	Revenue less expenses. Subtract line 2 from line 1	3	91,4[illegible]
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127,9[illegible]
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	219,3[illegible]

Part XII Financial Statements and Reporting

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

			Yes	N
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	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.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
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	3b		

Form 990 (2

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B.1.c

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* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

DAA

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	509,544	435,887	801,611	996,199	1,011,204	3,754,4
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	509,544	435,887	801,611	996,199	1,011,204	3,754,4
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						3,754,4

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	509,544	435,887	801,611	996,199	1,011,204	3,754,4
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3,754,4

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	100.00

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 ▶

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15
16	Public support percentage from 2018 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18

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 ▶

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

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

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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* for the latest information.

OMB No. 1545-0047

2019

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

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 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).

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
MID FLORIDA HOMELESS COALITION, INC

Employer identification number
59-3800140

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.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMEMT 451 7TH ST., SW WASHINGTON DC 20410	$ 406,676	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE., SW WASHINGTON DC 20201	$ 183,388	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	STATE OF FLORIDA DEPARTMENT OF CHILDREN & FAMILIES 400 W ROBINSON ST #709 ORLANDO FL 32801	$ 253,787	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CITRUS COUNTY HOSPITAL BOARD 123 N APOPKA AVE INVERNESS FL 34450	$ 71,300	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

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 ☐

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 ☐

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Y
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? ☐ Yes ☐

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 ☐

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 ▶ $

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 ☐

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 ☐

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 ☐

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		41,086	27,493	13,5
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				13,5

Schedule D (Form 990) 2

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	20,9(
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	20,9(

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 ☐

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,022,8
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	11,604		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	11,6
3	Subtract line **2e** from line **1**			3	1,011,2
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,011,2

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	931,3
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	11,604		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	11,6
3	Subtract line **2e** from line **1**			3	919,7
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	919,7

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.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: MID FLORIDA HOMELESS COALITION, INC

Employer identification number: 59-3800140

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) DAYSTAR LIFE CENTER 6751 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429	65-0523539	501C3	6,744				
(2) DAWN CENTER SHELTER 14540 CORTEZ BLVD STE 202 BROOKSVILLE FL 34613	59-3188546	501C3	15,027				
(3) LAKE COMMUNITY ACTION CENTER 501 NORTH BAY STREET EUSTIS FL 32726	59-1143962	501C3	7,988				
(4) CATHOLIC CHARITIES DIOCESE ST. PETE 1213 16TH ST N ST PETERSBURG FL 33705	59-0875805	501C3	23,292				
(5) UNITED WAY CITRUS COUNTY 1582 MEADOWCREST BLVD CRYSTAL RIVER FL 34429	59-2766815	501C3	112,090				
(6) LIFESTREAM BEHAVIORAL CENTERS PO BOX 491000 LEESBURG FL 34749	59-1561501	501C3	120,401				
(7) UNITED WAY OF LAKE & SUMTER COUNTIE 32644 BLOSSOM LN LEESBURG FL 34788	59-1143758	501C3	7,967				
(8) SOCIETY OF ST. VINCENT DEPAUL 384 15TH ST N ST. PETERSBURG FL 33705	59-2380770	501C3	43,960				
(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) (201

DAA

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open To Publ Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

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	X		21,738	FMV
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	X	13	13	FMV
20	Drugs and medical supplies	X	1	691	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )	X	1	24,514	FMV
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
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?	30a		
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.c

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* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MID FLORIDA HOMELESS COALITION, INC

Employer identification number

59-3800140

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

WRITE GRANTS, EDUCATE COMMUNITIES, OVERSEE OPERATION OF HOMELESS MANAGEMEI INFORMATION SYSTEM (HMIS), AND PROVIDE INFORMATION AND REFERRALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FINAL VERSION OF THE FORM 990 AND ALL REQUIRED SCHEDULES ARI PROVIDED TO THE BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH OFFICER AND DIRECTOR SHALL SIGN ANNUALLY A STATEMENT THAT AFFRIMS THI FOLLOWING 1) THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAVE READ AND UNDERSTOOD THE POLICY, 3) HAVE AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION DECISIONS ARE MADE BY A COMMITTEE OF THE BOARD OF DIRECTORS INCLUDING COMPARISON OF SIMILAR POSITIONS IN THE LOCAL COMMUNITIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ANNUAL RETURN AND FINANCIAL STATEMENTS ARE MADE AVAILABLE AS REQUESTED.

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Moss, Krusick & Associates, LLC
501 S New York Ave Ste 100
Winter Park, FL 32789-4241

MID FLORIDA HOMELESS COALITION, INC
104 E DAMPIER ST
Inverness, FL 34450

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

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.

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

MID FLORIDA HOMELESS COALITION, INC.

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.

104 E DAMPIER STREET

Requester's name and address (optional)

6 City, state, and ZIP code

INVERNESS FL 34450

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.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

5 9 – 3 8 0 0 1 4 0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ Barbara Whale Date ▶ 2/23/2021

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*.

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.*

Attachment: 06 NPG1 Non-Profit Grant Packet- Mid Florida Homeless Coalition, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

SOS, Inc.

Application

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000007

Kathleen Harrington - kach222@att.net
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 20 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

SOS Inc

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

439 E. Novell Bryant Hwy
Fernando, FL 34442

Mailing Address for Grant Check

Name

Maria Cyr

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

SOS Inc.

Address

P.O. 640774

Address 2

(No response)

City

Beverly Hills

State

Florida

ZIP

34464

Country

United States

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

kach222@att.net

Phone Number

985-259-1284

Business Website Address

Veggiepal12@yahoo.com

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

27-4709344

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

SOS's mission is to provide food, hygiene products, clothes, assistance with health care and insurance needs, in a caring, respectful and dignified way, to citizens living under the poverty level in Citrus County, as defined by USDA guidelines.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 60,000.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 110,000

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

N/A

How many years has your organization served Citrus County?

19

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 18 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Serving Our Savior Inc.
Country: United States
Ein: 274709344
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 20 2021

SOS W-9

Filename: SOS_W-9.jpg **Size:** 1.4 MB

Upload a State of Florida charitable organization registration

Completed - Feb 18 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

FDAC registration to solilicit donations

Filename: FDAC_registration_to_solilicit_donations.pdf **Size:** 153.0 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 18 2021

990EZ 2019 tax forms

Filename: 990EZ_2019_tax_forms.pdf **Size:** 27.2 MB

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

990EZ 2017 (1)

Filename: 990EZ_2017_1.pdf **Size:** 15.0 MB

990EZ 2018

Filename: 990EZ_2018.pdf **Size:** 15.5 MB

Upload Evaluation Criteria

Completed - Feb 20 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Cares grant Application Letter

Filename: Cares_grant_Application_Letter.pdf **Size:** 63.8 kB

Upload optional presentation

Completed - Feb 20 2021

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Presentation cares grant food bank

Filename: Presentation_cares_grant_food_bank.pptx **Size:** 36.8 MB

Fill out a form

Completed - Feb 20 2021

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Kathleen Harrington

Applicant Title

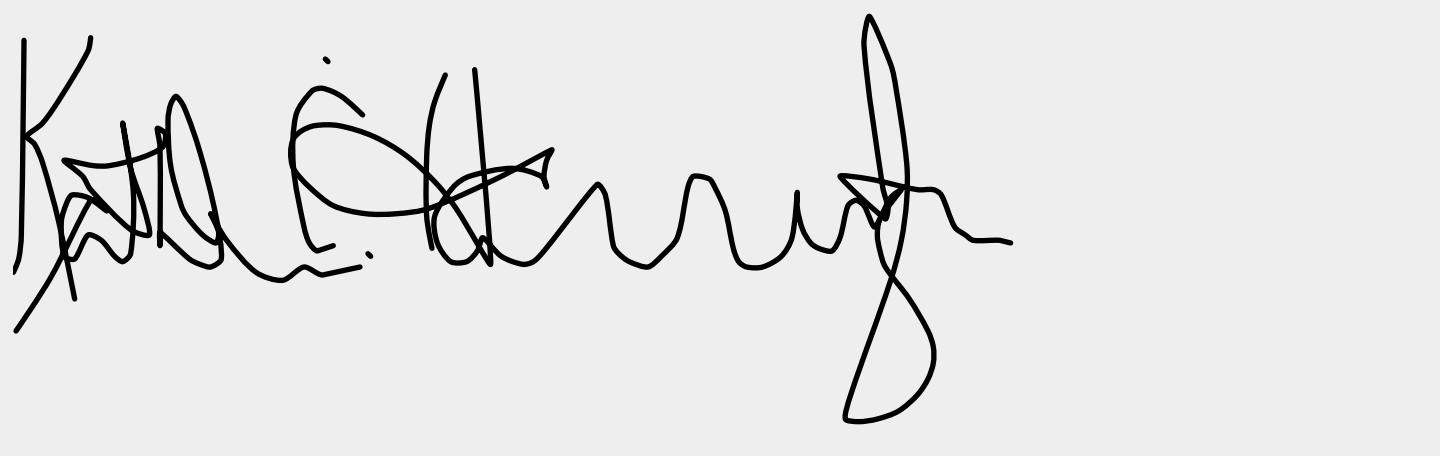
Grant writer

Date

Feb 20 2021

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Citrus County Grant Board,

Our organization, ***Serving Our Savior, Inc.,*** would like to apply for a grant to continue our efforts to provide 7046 families, 20,149(individuals), with food, and assistance with health care. ***SOS*** Food Pantry is classified as a 501c3 outreach organization with no overhead and no salaries. We comply with USDA quarterly reports on our products and the amount of food we distribute. We receive regular inspection by the USDA. Families register with our volunteers and comply with USDA standards for proof of poverty level-based income.

Many of our clients are single parents, elderly, on disability and/or are not paid a living wage resulting in the inability to afford health insurance or care, while struggling to put food on the table. Today the *Community Food Bank* collects food from contributing corporations such as *Publix, Walmart, Save-A-Lot,* and *Winn-Dixie* and distributes it to many organizations including ours, for a discounted price. ***SOS*** volunteers personally pick up unsold food items weekly from *WaWa* and *Fresh Start Donuts,* and three times a week from *Panera Bread.* In addition to food, ***SOS*** distributes donation items such as clothing, blankets, household items, and personal care/hygiene items for men, women, and children. ***SOS*** volunteers work with *Florida Elite Brokers,* who provide all health care options to our clients, and assist in filling out paperwork. Our clients also have access to resources for medical services and job search through Ginger West and Connections.

Before the pandemic, our pantry was an indoor/outdoor operation that lasted from 7:00am until at least 12:30 and fed approximately 120 families each week. Due to the Covid pandemic we are feeding between 150-190 families per week, and have had to streamline and revamp our distribution process, to a fully outdoor, touch free operation, where clients remain in their cars and volunteer workers put food boxes directly into client trunks. Clients sign up and are given a number that enables them to receive food every 2 weeks. These numbers are recorded and checked each time they receive food, so that distribution policy is followed. This has enabled us to process and deliver food much more efficiently. Boxes of canned goods, meat, pasta, and dairy products are prepared in our shed, starting at 6a.m. every Thursday, with other volunteers packaging bread, produce, and desserts starting as early as 5a.m. At 8:30 we begin distribution (having already prepared at least 100 boxes of food, produce, bread, and meat), and replenish boxes and meat as needed until we close at 11:00.

Volunteers also deliver food to identified families that need assistance, and those with special circumstances such as PTSD or homelessness(no car, on bicycle or on foot),are accommodated as well. While the number of registered families needing assistance has steadily grown, our supply of monetary donations has decreased, resulting in the need to apply for this grant in an effort to continue this greatly needed service to the citizens of Citrus County.

SOS has a rich history in Citrus County and was started by *Shepherd of the Hills* Episcopal Church in Lecanto, Florida in September of 2002. With an original budget of $100 per month, food was distributed and in the first month the pantry saw ten people. Several years later, four other churches joined forces with *Shepherd of the Hills.* Today, personal donations and volunteers come from ten different churches and volunteers from throughout the community. ***SOS*** uses all the resources we are provided to full potential and we are interested in sustainability. Every Saturday, we cook a meal for the homeless at Hernando Park, and any spoils that we have at the pantry, go to Sarah's Chicken and Pig Farm.

Our annual budget is currently $110,000. We have received grants and funding that total $7400. While private donations have helped to make up the difference in the past, the Covid pandemic has had an extreme affect on contributions and we are having difficulty meeting our budget this year. We are requesting a grant for $60,000 to maintain our food supply and meet the increasing need for this desperately needed assistance in our community.

Our food pantry is an amazing operation with no overhead, run entirely by volunteers. The difference we make in the community is immeasurable. We welcome a visit from anyone interested, any Thursday morning between 8:30 and 11:00 at ***Good Shepherd Lutheran Church,*** 439 E Norvell Bryant Hwy, Hernando, Florida.

Thank you for your time and attention to our purpose, and your generosity in providing funding for charitable organizations like ours in our community. We look forward to meeting with you.

Sincerely,

SOS Food Pantry
Kathy Harrington Grant Writer
Maria Cyr, Chairman
PO Box 640774
Beverly Hills, Florida 34464
sos4food@gmail.com

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Wednesday Food Delivery

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Wednesday Delivery





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County



Trucks deliver early Wednesday and Thursday mornings.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Putting food away





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Preparing for distribution





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County





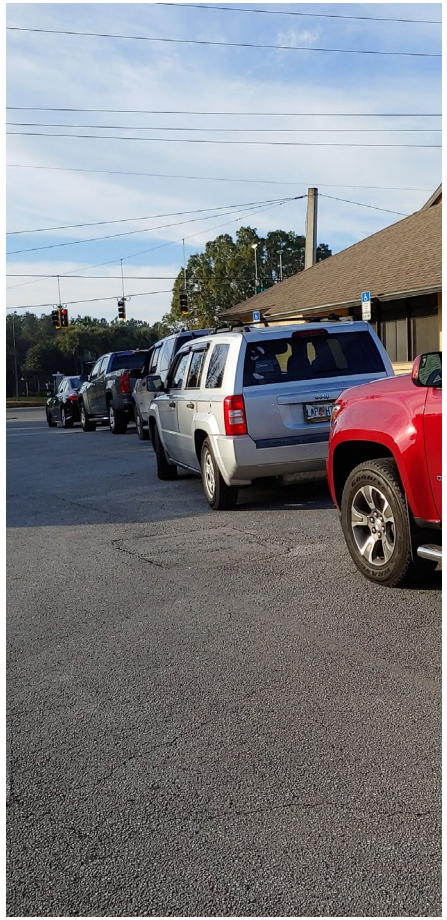
Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

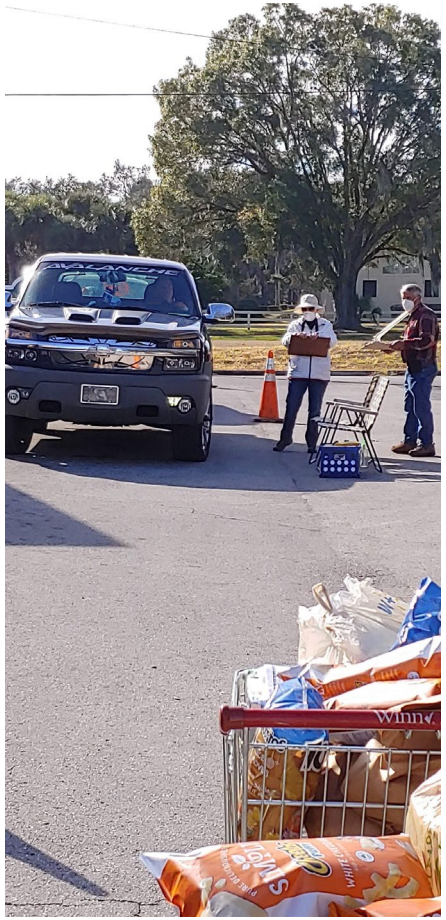




Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Car line and check in





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Distribution





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Distribution





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Boy Scout Food Drive





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County





Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

Our favorite insurance man Daniel



- Daniel helps with clients' insurance needs. He comes to the pantry and will visit clients in their homes. He has helped so many of our clients!!!

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

February 12, 2021 **Refer To: CH64319**

SERVING OUR SAVIOR, INC.
439 E NORVELL BRYANT HWY
HERNANDO, FL 34442-4779

RE: SERVING OUR SAVIOR, INC.
REGISTRATION#: CH64319
EXPIRATION DATE: February 12, 2022

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Kayla Creech
Regulatory Consultant
850-410-3769
Fax: 850-410-3804
E-mail: kayla.creech@fdacs.gov

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

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

C Name of organization: Serving Our Savior, Inc.

Number and street (or P.O. box, if mail is not delivered to street address): 3121 W Bermuda Dunes Drive

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Lecanto, FL 34461

D Employer identification number: 27-4709344

E Telephone number: (352)422-2429

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

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

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 77,039.

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	44,711.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	32,328.	
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	32,328.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	77,039.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	83,057.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	83,057.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,018.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	49,011.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	42,993.

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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	27,241.	22	21,223.
23	Land and buildings	21,770.	23	21,770.
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	49,011.	25	42,993.
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	49,011.	27	42,993.

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 Part III Stmt

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	166 tons of food was provided to 6,419 families during 2017. (Grants $ 0.) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	83,057.
29	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . ▶	32	83,057.

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
John Bourdeaux President	40.00	0.	0.	0.
June Hombergen Vice President	5.00	0.	0.	0.
Larry Hopper Treasurer	5.00	0.	0.	0.
Barbara Johnson Director	5.00	0.	0.	0.
James Gilbert Director	5.00	0.	0.	0.
Karen Black Director	5.00	0.	0.	0.

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B.1.d

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? *If "No," provide an explanation in Schedule O*	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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 ▶ 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Larry Hopper Telephone no. ▶ (352)344-0288			
	Located at ▶ 8634 E Glasgow Place, Inverness FL ZIP + 4 ▶ 34450			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		×
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sign Here

▶ Signature of officer — Date

▶ John W Bourdeaux, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Janice M Saltmarsh	Janice M Saltmarsh	9/25/18		P00044934
Firm's name ▶ Humphrey & Saltmarsh PL			Firm's EIN ▶ 27-3264875	
Firm's address ▶ 3600 E Gulf to Lake Hwy, Inverness, FL 34453			Phone no. (352)341-3449	

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

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Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose **Continuation Statement**

Organization's Primary Exempt Purpose
The organization provides food and personal care items to families in need.

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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* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is *regularly carried on*						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 . . . . . ▶ ☐

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,652.	77,554.	70,445.	79,830.	44,711.	337,192.
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					32,328.	32,328.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	64,652.	77,554.	70,445.	79,830.	77,039.	369,520.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						369,520.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	64,652.	77,554.	70,445.	79,830.	77,039.	369,520.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.	0.	0.	0.	0.	0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	64,652.	77,554.	70,445.	79,830.	77,039.	369,520.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2017.** 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—2016.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4).	8		

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

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

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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013 . . .			
b	Excess from 2014 . . .			
c	Excess from 2015 . . .			
d	Excess from 2016 . . .			
e	Excess from 2017 . . .			

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2017

Name of the organization
Serving Our Savior, Inc.

Employer identification number
27-4709344

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 33⅓% 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).

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

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	Black Diamond Foundation 3125 W Black Diamond Circle Lecanto FL 34461	$ 10,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	Helen Bell Foundation 800 Laurel Oaks Drive Suite 600 Naples FL 34108	$ 10,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

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

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

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

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

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

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

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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

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

(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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 Father Christmas Ball (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15,000.	17,328.		32,328.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	15,000.	17,328.		32,328.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				32,328.

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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain:

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

b If "Yes," explain:

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ..... and the amount of gaming revenue retained by the third party ▶ $ .....

c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

Pt I, Line 16:

Description: Food purchases $83,057

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

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

C Name of organization: Serving Our Savior, Inc.

Number and street (or P.O. box, if mail is not delivered to street address): 3121 W Bermuda Dunes Drive — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Lecanto, FL 34461

D Employer identification number: 27-4709344

E Telephone number: (352)422-2429

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

I **Website:** ▶ N/A

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 . . . . . ▶ $ 123,507.

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	89,853.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	33,654.	
	c	Less: direct expenses from gaming and fundraising events	6c	1,745.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	31,909.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	121,762.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	240.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) . . . See. Line 16. Stmt		16	128,417.
	17	**Total expenses.** Add lines 10 through 16		17	128,657.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,895.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	42,993.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-11,235.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	24,863.

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B.1.d

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	21,223.	22	15,291.
23	Land and buildings	21,770.	23	9,572.
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	42,993.	25	24,863.
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	42,993.	27	24,863.

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 Part III Stmt

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 Over 199 tons of food was provided to 6,537 families (18,962 people) during 2018.

(Grants $ 0.) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 128,657.

29

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

30

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

31 Other program services (describe in Schedule O) . . . . . .

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

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 128,657.

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
John Bourdeaux President	40.00	0.	0.	0.
Amy Gilbert Recording Secretary	5.00	0.	0.	0.
Mary Krol Treasurer	10.00	0.	0.	0.
Doug Alexander Director	25.00	0.	0.	0.
James Gilbert Director	5.00	0.	0.	0.

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were *any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?*	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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 ▶ 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Mary Krol Telephone no. ▶ (352)270-8316 Located at ▶ 1289 N Hunt Club Drive, Hernando FL ZIP + 4 ▶ 34442			
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		×
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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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		×

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

Part VI **Section 501(c)(3) Organizations Only**

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

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

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

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Sign Here

▶ Signature of officer — Date

▶ John W Bourdeaux, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Janice M Saltmarsh	Janice M Saltmarsh	10/21/19		P00044934
Firm's name ▶ Humphrey & Saltmarsh PL			Firm's EIN ▶ 27-3264875	
Firm's address ▶ 3600 E Gulf to Lake Hwy, Inverness, FL 34453			Phone no. (352)341-3449	

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

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Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses **Continuation Statement**

Description	Amount
Food purchases	124,577.
Office expense	258.
Taxes & licenses	96.
Repairs & maintenance	1,265.
Supplies	1,258.
Depreciation	963.
Total	128,417.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose **Continuation Statement**

Organization's Primary Exempt Purpose
The organization provides food and personal care items to families in need.

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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* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2018
REV 10/24/18 PRO

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 . . . . . ▶ ☐

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	77,554.	70,445.	79,830.	44,711.	89,853.	362,393.
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				32,328.	33,654.	65,982.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	77,554.	70,445.	79,830.	77,039.	123,507.	428,375.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						428,375.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	77,554.	70,445.	79,830.	77,039.	123,507.	428,375.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	77,554.	70,445.	79,830.	77,039.	123,507.	428,375.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	100 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2018.** 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—2017.** 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 ▶ ☐

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Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

	Section D—Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014 . . .			
b	Excess from 2015 . . .			
c	Excess from 2016 . . .			
d	Excess from 2017 . . .			
e	Excess from 2018 . . .			

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Name of the organization
Serving Our Savior, Inc.

Employer identification number
27-4709344

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 33⅓% 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).

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	John Bourdeaux 3121 W Bermuda Dunes Drive Lecanto FL 34461	$ 36,148.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	Black Diamond Foundation 3125 W Black Diamond Circle Lecanto FL 34461	$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Helen W Bell Charitable Foundation 1416 Knob Hill Circle Evans GA 30809	$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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

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

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

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

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

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

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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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

(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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Serving Our Savior, Inc.

Employer identification number

27-4709344

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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 Father Christmas Ball (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	14,470.	19,184.		33,654.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	14,470.	19,184.		33,654.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	491.			491.
	8 Entertainment				
	9 Other direct expenses	1,000.	254.		1,254.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,745.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				31,909.

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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain:

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

b If "Yes," explain:

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

Pt I, Line 16:

Description: Food purchases $124,577

Description: Office expense $258

Description: Taxes & licenses $96

Description: Repairs & maintenance $1,265

Description: Supplies $1,258

Description: Depreciation $963

Pt I, Line 20:

Description: Change to net assets to bring the cost basis of assets 0

Description: to actual ($7,770) and to adjust for depreciation not 0

Description: taken in prior years ($3,465). -$11,235

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

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

C Name of organization: Serving Our Savior, Inc.

Number and street (or P.O. box if mail is not delivered to street address): 3121 W Bermuda Dunes Drive — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Lecanto, FL 34461

D Employer identification number: 27-4709344

E Telephone number: (352)422-2429

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

I **Website:** ▶ N/A

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 . . . . . ▶ $ 130,786.

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	99,325.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	31,461.	
	c	Less: direct expenses from gaming and fundraising events	6c	7,619.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	23,842.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	123,167.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	300.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) . See. Line 16. Stmt .		16	115,845.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	116,145.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	7,022.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	24,863.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	31,885.

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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	15,291.	22	23,703.
23	Land and buildings	9,572.	23	8,182.
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	24,863.	25	31,885.
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	24,863.	27	31,885.

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 Part III Stmt

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 Over 215 tons of food were provided to 7,008 families (20,455 people) during 2018.

(Grants $ 0.) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 116,145.

29

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

30

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

31 Other program services (describe in Schedule O)

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

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 116,145.

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
John Bourdeaux President	40.00	0.	0.	0.
James Gilbert Vice-President	5.00	0.	0.	0.
Amy Gilbert Secretary	5.00	0.	0.	0.
Mary Krol Treasurer	10.00	0.	0.	0.

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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 ▶ 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Mary Krol Telephone no. ▶ (352)270-8316 Located at ▶ 1289 N Hunt Club Drive, Hernando FL ZIP + 4 ▶ 34442			
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		×
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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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		×

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

Part VI Section 501(c)(3) Organizations Only

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

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

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

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Sign Here

▶ Signature of officer — Date

▶ John W Bourdeaux, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Janice M Saltmarsh	Janice M Saltmarsh	5/12/2020		P00044934

Firm's name ▶ Humphrey & Saltmarsh PL — Firm's EIN ▶ 27-3264875

Firm's address ▶ 3600 E Gulf to Lake Hwy, Inverness, FL 34453 — Phone no. (352) 341-3449

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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses **Continuation Statement**

Description	Amount
Food purchases	110,611.
Office expense	268.
Taxes & licenses	61.
Repairs & maintenance	1,144.
Supplies	2,371.
Depreciation	1,390.
Total	115,845.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose **Continuation Statement**

Organization's Primary Exempt Purpose
The organization provides food and personal care items to families in need.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . 15 %

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 . . . . . ▶ ☐

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,445.	79,830.	44,711.	89,853.	99,325.	384,164.
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			32,328.	33,654.	31,461.	97,443.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	70,445.	79,830.	77,039.	123,507.	130,786.	481,607.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						481,607.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	70,445.	79,830.	77,039.	123,507.	130,786.	481,607.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	70,445.	79,830.	77,039.	123,507.	130,786.	481,607.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	100 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	0 %

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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	**8**		

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

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

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015 . . .			
b	Excess from 2016 . . .			
c	Excess from 2017 . . .			
d	Excess from 2018 . . .			
e	Excess from 2019 . . .			

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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, 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* for the latest information.

OMB No. 1545-0047

2019

Name of the organization
Serving Our Savior, Inc.

Employer identification number
27-4709344

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 33⅓% 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).

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	John Bourdeaux 3121 W Bermuda Dunes Drive Lecanto FL 34461	$ 28,865.	☐ Person ☐ Payroll ☒ Noncash (Complete Part II for noncash contributions.)
2	Black Diamond Foundation 3125 W Black Diamond Circle Lecanto FL 34461	$ 15,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	Citrus Memorial Hospital Board PO Box 1030 Inverness FL 34451	$ 17,200.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 29.	01/02/2019
1	Produce	$ 300.	01/08/2019
1	Hygiene products	$ 31.	01/05/2019
1	Produce	$ 300.	01/15/2019
1	Cereal	$ 51.	01/17/2019
1	Produce	$ 300.	01/22/2019

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Name of organization	Employer identification number
Serving Our Savior, Inc.	27-4709344

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	Hygiene products	$ 41.	01/22/2019
1	Produce	$ 300.	01/29/2019
1	Plastic bags	$ 77.	01/29/2019
1	Produce	$ 300.	02/04/2019
1	Hygiene products & plastic bags	$ 51.	02/05/2019
1	Salt	$ 22.	02/06/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Produce	$ 300.	02/12/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 300.	02/19/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 30.	02/20/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Plastic bags	$ 76.	02/25/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 300.	02/26/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 300.	03/05/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 42.	03/12/2019
1	Produce	$ 300.	03/12/2019
1	Hygiene products	$ 20.	03/14/2019
1	Produce	$ 300.	03/19/2019
1	Hygiene products	$ 39.	03/19/2019
1	Produce	$ 300.	03/26/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 14.	04/01/2019
1	Hygiene products	$ 63.	04/04/2019
1	Golf tournament programs	$ 16.	04/04/2019
1	Hygiene products	$ 7.	04/07/2019
1	Hygiene products	$ 32.	04/10/2019
1	Canned goods & meat	$ 2,191.	04/10/2019

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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
1	Hygiene products	$ 38.	04/16/2019
1	Plastic bags	$ 131.	04/16/2019
1	Produce	$ 780.	04/16/2019
1	Hygiene products	$ 5.	04/17/2019
1	Supplies	$ 12.	04/18/2019
1	Produce	$ 300.	04/23/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 19.	04/23/2019
1	Repairs	$ 289.	04/23/2019
1	Hygiene products	$ 30.	04/24/2019
1	Plastic bags	$ 5.	04/30/2019
1	Hygiene products	$ 53.	04/30/2019
1	Produce	$ 300.	04/30/2019

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Employer identification number: 27-4709344

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	Storage bins	$ 29.	05/06/2019
1	Hygiene products	$ 39.	05/07/2019
1	Hygiene products	$ 13.	05/08/2019
1	Plastic bags	$ 30.	05/13/2019
1	Hygiene products	$ 39.	05/15/2019
1	Hygiene products	$ 45.	05/22/2019

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Employer identification number: 27-4709344

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	Produce	$ 120.	05/28/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Canned goods & meat	$ 1,945.	05/28/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 24.	06/05/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Canned goods & meat	$ 1,590.	06/05/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 120.	06/10/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Plastic bags	$ 17.	06/10/2019

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Employer identification number: 27-4709344

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	Hygiene products	$ 24.	06/11/2019
1	Canned goods & meat	$ 1,866.	06/12/2019
1	Supplies	$ 13.	06/13/2019
1	Plastic bags	$ 62.	06/17/2019
1	Produce	$ 120.	06/18/2019
1	Hygiene products	$ 30.	06/18/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Canned goods & meat	$ 1,654.	06/19/2019

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 120.	06/25/2019

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Canned goods & meat	$ 1,435.	06/26/2019

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 120.	07/02/2019

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Canned goods & meat	$ 1,562.	07/02/2019

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Service on computer	$ 240.	07/02/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Produce	$ 120.	07/08/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Plastic bags	$ 60.	07/08/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 44.	07/09/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Canned goods & meat	$ 1,553.	07/10/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Canned goods & meat	$ 428.	07/11/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Canned goods & meat	$ 816.	07/17/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 29.	07/23/2019
1	Canned goods & meat	$ 1,533.	07/24/2019
1	Hygiene products	$ 18.	07/31/2019
1	Produce	$ 131.	08/01/2019
1	Produce	$ 120.	08/01/2019
1	Canned goods & meat	$ 32.	08/01/2019

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Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 34.	08/02/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Plastic bags	$ 61.	08/05/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 41.	08/06/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Supplies	$ 18.	08/08/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 12.	08/11/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Repairs	$ 32.	08/13/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Produce	$ 120.	08/13/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 35.	08/18/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 120.	08/20/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Awning for shed	$ 38.	08/22/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Supplies	$ 8.	08/22/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 120.	08/27/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Produce	$ 200.	09/03/2019
1	Hygiene products	$ 41.	09/04/2019
1	Hygiene products	$ 14.	09/09/2019
1	Produce	$ 120.	09/10/2019
1	Hygiene products	$ 25.	09/11/2019
1	Hygiene products	$ 32.	09/17/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Produce	$ 370.	09/17/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Supplies	$ 33.	09/19/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 31.	09/24/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 120.	09/24/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Plastic bags	$ 60.	09/25/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 20.	09/30/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 16.	10/01/2019
1	Hygiene products	$ 13.	10/07/2019
1	Produce	$ 120.	10/08/2019
1	Hygiene products	$ 15.	10/09/2019
1	Produce	$ 140.	10/14/2019
1	Hygiene products	$ 41.	10/15/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 54.	10/21/2019
1	Produce	$ 120.	10/21/2019
1	Hygiene products	$ 70.	10/22/2019
1	Produce	$ 120.	11/05/2019
1	Hygiene products	$ 63.	11/05/2019
1	Hygiene products	$ 21.	11/06/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Hygiene products	$ 14.	11/11/2019
1	Hygiene products	$ 29.	11/11/2019
1	Produce	$ 160.	11/19/2019
1	Shed lock	$ 40.	11/25/2019
1	Hygiene products	$ 50.	11/26/2019
1	Produce	$ 80.	12/03/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Produce	$ 160.	12/03/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 160.	12/10/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 37.	12/11/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Plastic bags	$ 61.	12/16/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Hygiene products	$ 46.	12/17/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 180.	12/18/2019

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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	Supplies	$ 15.	12/18/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Cranberry sauce	$ 260.	12/19/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 440.	12/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Produce	$ 100.	12/30/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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

(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

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 Father Christmas Ball (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	13,000.	18,461.		31,461.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	13,000.	18,461.		31,461.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		7,619.		7,619.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				7,619.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				23,842.

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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain:

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

b If "Yes," explain:

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Serving Our Savior, Inc.

Employer identification number: 27-4709344

Pt I, Line 16:

Description: Food purchases $110,611

Description: Office expense $268

Description: Taxes & licenses $61

Description: Repairs & maintenance $1,144

Description: Supplies $2,371

Description: Depreciation $1,390

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

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.
Serving Our Savior, 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.
P.O. Box 640774

Requester's name and address (optional)

6 City, state, and ZIP code
Beverly Hills, FL 34465

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.

Social security number

			–			–				

or

Employer identification number

2	7	–	4	7	0	9	3	4	4

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** ▶ [signature], VICE PRESIDENT **Date** ▶ 2/20/21

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.*

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.*

Attachment: 07 NPG1 Non-Profit Grant Packet- SOS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

Citrus Hearing Impaired Program Services, Inc.

Application

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000008

Maureen Tambasco - maureen@citrushearingimpaired.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 4 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Citrus Hearing Impaired Program Services, Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

Citrus Hearing Impaired Program Services, Inc.

Organization Business Address

Where do you conduct your business?

109 NE Crystal Street Suite B

Crystal River FL 34428

Mailing Address for Grant Check

Name

Maureen Tambasco

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

Citrus Hearing Impaired Program Services

Address

109 NE Crystal Street

Address 2

Suite B

City

Crystal River

State

FL

ZIP

34428

Country

USA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

maureen@citrushearingimpaired.org

Phone Number

352-795-5000

Business Website Address

citrushearingimpaired.org

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59-3068965

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

To enhance the lives of Deaf, Hard of Hearing and Speech impaired individuals in Citrus County. We provide assistance with Hearing Screenings, Hearing aids, and assistive devices needed to communicate.

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 5000.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 50,000.00

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

N/A

How many years has your organization served Citrus County?

32

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 4 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Citrus Hearing Impaired Program Services Inc.
Country: United States
Ein: 593068965
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 8 2021

W9

Filename: W9_g77rSzH.pdf **Size:** 39.5 kB

Upload a State of Florida charitable organization registration

Completed - Feb 8 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

FL DEPT OF STATE CERT

Filename: FL_DEPT_OF_STATE_CERT.pdf **Size:** 21.7 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 8 2021

2017 990

Filename: 2017_990.pdf **Size:** 7.0 MB

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

2018 990

Filename: 2018_990_FOVvK2U.pdf **Size:** 8.4 MB

CHIP 2019

Filename: CHIP_2019.pdf **Size:** 977.1 kB

Upload Evaluation Criteria

Completed - Feb 18 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

CC Grant info

Filename: CC_Grant_info.docx **Size:** 14.7 kB

Upload optional presentation

Completed - Feb 18 2021

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Hearing Loss workshop

Filename: Hearing_Loss_workshop.docx **Size:** 21.6 kB

Fill out a form

Completed - Feb 18 2021

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Maureen Tambasco

Applicant Title

Executive Director

Date

Feb 18 2021

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Hearing Loss – Everything you wanted to know

1. What causes hearing loss?

2. Genetic
3. complications at birth,
4. Certain infectious diseases, German Measles, or Rubella. ...
5. chronic ear infections,
6. some medications Example: naproxen and ibuprofen, particularly in adult men.Large quantities of aspirin (usually 8 to 12 **pills** a day)
7. Quinine, which is found in muscle relaxants for night cramps and some malaria medications.
8. exposure to excessive noise or loud noises and ageing

2. Signs that you might have a hearing loss?

- Hard time following conversations with two or more people.
- Possible straining to understand conversations.
- Asking people to repeat themselves.
- Misunderstand what others are saying and make inappropriate responses.

9. Decisions about wearing hearing aids or other devices.

People with hearing loss benefit from early identifications: use of hearing aids, cochlear implants and other assistive devices; captioning and sign language ; and other forms of educational and social support.

10. How hearing loss effects the family

- Frustration of having to repeat over and over. Feelings of being ignored. Remember communication is very important in relationships.
- Untreated hearing loss puts you at risk for developing a host of other health-related problems, including depression, dementia and Alzheimer's disease. With close to 80 percent of hearing aid users reporting satisfaction with their hearing instruments, *there's no time like the present to get your hearing tested – and treated.*

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1. Don't take it personally

When communication challenges pop up, take a deep breath. Remind yourself – no one is purposely trying to be rude. If you don't understand someone, take it in stride; you can fix it and move on, rather than letting it become cause for anger.

2. Get the listener's attention first

When you want to speak to someone, especially when they're involved in a task, gently touch them to get their attention before speaking. Alternately, saying their name and waiting for them to look at you before continuing ensures you have their attention before speaking. This gives them a chance to concentrate on listening to you and if necessary, reduce background noise by muting the TV or turning off the faucet, before you begin speaking.

3. Clearer is better than louder

Speaking clearly, enunciating each syllable, generally helps the person with hearing loss understand more than shouting.

4. Add pauses to your speech

People often think their family member with hearing loss will understand more if they slow speech down dramatically and drag out each word. This is a myth. It's much more effective to slow speech down a bit by putting a slightly longer pause between each word, rather than saying the words slowly.

5. Avoid one-word answers

For a person with hearing loss, a one-word "yes" answer can sound strikingly similar to a one-word "no" answer. This is especially true in background noise or when the listener can't see the speaker's face. Instead, practice saying things like, "Yes, I did," or "No, we weren't." Those extra syllables don't take much effort and go a long way to helping the listener understand what you said. People with hearing loss can benefit from more words to gather the meaning. Even "cannot" is easier to understand than "can't," which is easily mistaken for "can" and may cause disastrous results.

6. Get closer

In challenging hearing situations, like restaurants, parties or places with lots of background noise, position yourself so you are face-to-face with the person with whom you're conversing. Resist the temptation to call out from another room – walk to the location of the person you're seeking and then talk at a normal level.

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7. **Rephrase**, don't repeat

If someone indicates they don't understand what you said, avoid saying the exact same thing again. Instead, rephrase the sentence so it's stated differently.

8. **Get professional help**

If communication difficulties are creating family conflict, help is available. Most hearing care practitioners are experts at helping family members learn new communication strategies and would be happy to assist. Advice coming from a neutral third-party is often easier to accept than when it comes from a loved one.

9. **Wear the hearing aids**

If you're the person with hearing loss and you have hearing aids, wear them consistently. It shows you're doing your part to enable communication. If you're the family member of a person who is resistant to wearing hearing aids, show appreciation when they do wear them. Buying your loved one a package of hearing aid batteries is a kind gesture to show you care about being able to communicate with them.

10. **Get the facts**

If you think you or your family member may be having trouble hearing clearly, you owe it to yourself and your family to find out what's going on. Only a licensed professional hearing care practitioner or physician can thoroughly test hearing and determine the best course of action for hearing loss. Don't delay getting a hearing test – every day is a new opportunity to communicate effectively with your loved ones.

Need more help?

If you wear your hearing aids and use these strategies and you're still struggling, call today to make an appointment with your hearing care professional. Hearing aids require regular maintenance and yours may be due for a check-up. They may need to be reprogrammed if your hearing has changed or checked to ensure they're functioning properly. Your hearing care professional may also suggest re-testing your hearing or recommend assistive listening devices to help in certain difficult listening situations. Our connection to our families is vital to our mental, physical and emotional well-being. Hearing loss can create barriers to that connection if we let it do so. If you or your family member is diagnosed with hearing loss and hearing aids are recommended, it's time to take action. Hearing aids can improve not only your hearing but also the important relationships in your life, regardless of your age. Everyone benefits when hearing loss is properly and effectively treated and good communication strategies are used. For yourself and your family, contact a Hearing Care Professional near you.

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11. Common misunderstandings about hearing aids

1. ***Hearing aids will make my hearing "normal" again like glasses make vision 20/20.***

Response: Glasses are a *mechanical* solution to a *mechanica*l problem. Hearing aids are a *mechanical* solution to a *neurological* problem.

The brain processes speech best when it can use both auditory and visual cues. This is true for all people, whether they have hearing loss or not. Hearing cannot be "corrected" to normal like vision can (see above). The effects of hearing loss can only be significantly reduced. The use of both auditory and visual stimuli allows your brain the highest chance of fully understanding the conversation. Everyone, even those with normal hearing, uses some form of visual cues and speech reading when conversing, especially in noisy situations. Body language and facial expression are two highly important visual cues that allow us to accurately converse with the world around us. Without them the meaning of the words we say is lost.

2. ***Hearing aids are very visible and obvious to others***

It is true that hearing aids *used* to be quite obvious and very visible. They used to be the size of your finger and require a separate battery pack that had to be worn in a large pocket attached to a harness or belt with wires running in between. They used to come only in one color that never matched anyone's skin or hair color. They used to be easily visible from across the room. Hearing aids have come a very long way since then.

3. ***Hearing aids are not socially acceptable and my social life will suffer for wearing them; Hearing aids are only for Senior Citizens***

Hearing aid users are mature adults. They are also young adults, children, and even babies. Along with a law that says all babies will have their hearing tested at birth came a law that babies and children with

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hearing loss will be fit with hearing aids to help them hear. These babies and children then grow up into young adults with hearing aids. Young people are exposed to loud noises or may have an accident that hurts their hearing, so they get hearing aids too.

4. ***Hearing aids are all the same, if I didn't like one, I won't like any others***

Just like there are many different shoe companies or many different cereal companies, there are many hearing aid companies. Each hearing aid company sounds a little different because each uses a little bit different process to make sound and speech easier to hear. The small differences in each company's process may make a big change in how well a hearing aid works for you.

You would not think "I did not like Raisin Bran therefore I do not like Lucky Charms". Instead you would say "Raisin Bran and Lucky Charms are different cereals, I may like one, but not the other". If you were fit with a hearing aid, or you have tried a hearing aid before and it wasn't quite right for you, don't give up. Try a different company's hearing aid. It may be just right for you.

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1. Funding will be used to obtain Hearing Evaluations, Consultations regarding hearing aid use, and distributing hearing aids or other assistive devices to individuals who cannot afford them and have no other resources.

2. Citrus County individuals who are experiencing hearing loss will be able to get a free hearing screening by appointment, in our office to determine if a referral for a full hearing evaluation is needed to obtain hearing aids. The referral will be with a Hearing Aid professional in the community to provide counseling and distribution of hearing aids.

3. One in every five adults experience some hearing loss in their life. When people suffer from hearing loss they will begin to isolate and become depressed. Hearing aids are sometimes an item that many individuals cannot afford. The population that is most effected by hearing loss is 65 and older. It has also been proven when hearing loss goes unattended can lead to Alzheimer's and dementia. This program will not only enhance their lives, but also with family and friends.

4. In the past we have worked with the Starkey Foundation "Hear Now" program where we provided assistance with the application process and fees, along with referring clients to Hearing aid providers in Citrus County. Since COVID-19 the foundation has closed their program. This leaves many without a means to hear again. Every year the numbers of individuals requesting assistance for hearing aids has increased. With resources, grants and contribution we can provide assistance to over 50 people a year with Quality Hearing Aids. We hope to do more. In addition, we also get requests for special devices for children with a hearing loss that is not covered under current programs or insurance.

5. Citrus Hearing Impaired is located in Crystal River at the old train depot property. The office hours are Monday through Friday from 9AM to 4PM. Hearing Wellness has been a part of our organization since 1988.

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State of Florida
Department of State

I certify from the records of this office that CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC, is a corporation organized under the laws of the State of Florida, filed on June 28, 1991.

The document number of this corporation is N44402.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 13, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirteenth day of January, 2021



Secretary of State

Tracking Number: 4614950639CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 2017

Open to Public Inspection

A For the 2017 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: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 109 NE CRYSTAL ST SUITE B

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CRYSTAL RIVER FL 34428

D Employer identification number: 59-3068965

E Telephone number: 352-795-5000

G Gross receipts $: 356,3

F Name and address of principal officer:
MAUREEN TAMBASCO
109 NE CRYSTAL STREET SUITE B
CRYSTAL RIVER FL 34428

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.CITRUSHEARINGIMPAIRED.ORG

H(c) Group exemption number ▶

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

L Year of formation: 1988

M State of legal domicile:

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2017 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,433	6,60
9	Program service revenue (Part VIII, line 2g)	322,842	347,73
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40	4
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-652	-2,38
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	327,663	351,99
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	92,566	90,79
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	245,156	263,07
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	337,722	353,86
19	Revenue less expenses. Subtract line 18 from line 12	-10,059	-1,86

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	190,139	188,27
21	Total liabilities (Part X, line 26)	0	
22	Net assets or fund balances. Subtract line 21 from line 20	190,139	188,27

Part II Signature Block

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

Sign Here

Signature of officer — Date

MAUREEN TAMBASCO EXECTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TERRI L. DALLAIRE, CPA	Terri L. Dallaire CPA	10/15/18		P00305434

Firm's name ▶ DALLAIRE AND ASSOCIATES, CPA'S, PA — Firm's EIN ▶ 59-3020329

Firm's address ▶ PO BOX 490 CRYSTAL RIVER, FL 34423-0490 — Phone no. 352-563-130

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

DAA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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 $ 340,634 including grants of $) (Revenue $ 330,302

PROVIDING ASSISTANCE FOR COMMUNITY SERVICES TO PHYSICIANS, ATTORNEYS, BANKS, ECT. AS NEEDED THROUGH INTERPRETING SERVICES TO THE DEAF AND HEARIN IMPAIRED.

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

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

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

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

4e Total program service expenses ▶ 340,634

Packet Pg. 265

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules *(continued)*

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form 990 (2017) CITRUS HEARING IMPAIRED PROGRAM 59-3068965

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

MAUREEN TAMBASCO 109 NE CRYSTAL ST STE B

CRYSTAL RIVER FL 34428 352-795-5000

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN MURPHY DIRECTOR	1.00 0.00	X						0	0	
(2) MARYBETH NAYFIELD DIRECTOR	1.00 0.00	X						0	0	
(3) BETTY MURPHY DIRECTOR	1.00 0.00	X						0	0	
(4) GARY LANE DIRECTOR	1.00 0.00	X						0	0	
(5) MAUREEN TAMBASCO EXECTIVE DIRECTOR	40.00 0.00			X				31,512	0	
(6) JIM BARD PRESIDENT	1.00 0.00			X				0	0	
(7) ROGER JANUCHOWSKI VICE PRESIDENT	1.00 0.00			X				0	0	
(8) LUKE TODD TREASURER	1.00 0.00			X				0	0	
(9) CHERYL SHEETS SECRETARY	1.00 0.00			X				0	0	
(10)										
(11)										

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								31,512		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								31,512		

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

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

Section B. Independent Contractors

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

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

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,604			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a–1f		6,604			
Program Service Revenue		Busn. Code				
	2a INTERPRETING SERVICES	611430	325,469	325,469		
	b PTRI		18,725	18,725		
	c SIGN CLASSES		3,544	3,544		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		347,738			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41	41		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a	1,702			
	b Less: direct expenses	b	4,356			
	c Net income or (loss) from gaming activities		-2,654	-2,654		
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Busn. Code				
	11a OTHER		266	266		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		266			
	12 Total revenue. See instructions.		351,995	345,391	0	

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Form 990 (2017) CITRUS HEARING IMPAIRED PROGRAM 59-3068965

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	31,512	23,634	7,878	
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	42,135	42,135		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,065	4,549	1,516	
10 Payroll taxes	11,079	9,860	1,219	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	720	648	72	
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	7,156	6,440	716	
14 Information technology				
15 Royalties				
16 Occupancy	2,745	2,470	275	
17 Travel	442	398	44	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,621	1,459	162	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,443	3,098	345	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INTERPRETING SERVICES	232,144	232,144		
b UTILITIES	7,797	7,017	780	
c CLIENT ASSISTANCE	4,167	4,167		
d MAINTENANCE	1,417	1,275	142	
e All other expenses	1,418	1,340	78	
25 **Total functional expenses.** Add lines 1 through 24e	353,861	340,634	13,227	(
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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		19,066	1	20,60
	2	Savings and temporary cash investments		80,579	2	80,62
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 126,472			
	b	Less: accumulated depreciation	10b 39,420	90,494	10c	87,05
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		190,139	16	188,27
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		0	26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		190,139	27	188,27
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		190,139	33	188,27
	34	Total liabilities and net assets/fund balances		190,139	34	188,27

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Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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	351,99
2	Total expenses (must equal Part IX, column (A), line 25)	2	353,86
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,86
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	190,13
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	188,27

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: [X] Cash [ ] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer identification number: 59-3068965

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 201

DAA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 ..... ▶ ☐

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B.1.e

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,536	15,829	8,684	5,433	6,604	54,08
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	351,014	338,954	342,890	322,842	349,747	1,705,44
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	368,550	354,783	351,574	328,275	356,351	1,759,53
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						1,759,53

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	368,550	354,783	351,574	328,275	356,351	1,759,53
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1		26	40		6
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1		26	40		6
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	368,551	354,783	351,600	328,315	356,351	1,759,60

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2017.** 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—2016.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	8		

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

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

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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B.1.e

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.)

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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
2017
Open to Public Inspection

Name of the organization
CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer identification number
59-3068965

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 ☐ N

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 ☐ N

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Ye
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? ☐ Yes ☐ N

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 ☐ N

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		126,472	39,420	87,052
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				87,052

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

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

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

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

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

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

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

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

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	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.

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.

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer identification number: 59-3068965

FORM 990 - ORGANIZATION'S MISSION

THE PRIMARY MISSION OF CITRUS HEARING IMPAIRED PROGRAM SERVICES OF CITRUS COUNTY IS TO ASSURE AND ENHANCE THE QUALITY OF LIFE FOR THE DEAF, HARD OF HEARING AND SPEECH IMPAIRED INDIVIDUALS OF CITRUS COUNTY, ASSURING THAT NO OPPORTUNITY BE DENIED TO ANYONE AS A RESULT OF HEARING OR SPEECH IMPAIRMENT, AND TO CONTINUE TO DEVELOP SERVICES AND PROGRAMS GEARED TOWARD ALLEVIATING COMMUNICATION BARRIERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD IS INFORMED WHEN THE FORM 990 IS FILED, WHICH IS MADE AVAILABLE UPON REQUEST TO THE RESPECTIVE BOARD MEMBER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS ANNUALLY SIGN AND DISCLOSE ALL CONFLICTS OF INTEREST AND ABSTAIN FROM VOTING ON ALL MATTERS WHERE CONFLICTS MAY EXIST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS DISCUSS THE EXECUTIVE DIRECTORS COMPENSATION DURING SCHEDULED BOARD MEETINGS. MINUTES OF THE MEETING REFLECT THE CONCLUSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE TAX RETURN AND FINANCIAL STATEMENTS ARE MADE AVAILABLE AT THE ORGANIZATION'S OFFICE FOR PUBLIC REVIEW.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization	Employer identification number
CITRUS HEARING IMPAIRED PROGRAM	59-3068965

BOOK / TAX DEPRECIATION DIFFERENCE	$ 1

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. [illegible]

2017

Attachment Sequence No. 17[illegible]

Name(s) shown on return: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Identifying number: 59-3068965

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	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	3,374

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 2017	17	69
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,443
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **8879-EO**

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

OMB No. 1545-1878

2017

For calendar year 2017, or fiscal year beginning ....., 2017, and ending ....., 20 .....

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

▶ Go to *www.irs.gov/Form8879EO* for the latest information.

Department of the Treasury
Internal Revenue Service

Name of exempt organization	Employer identification number
CITRUS HEARING IMPAIRED PROGRAM SERVICES INC	59-3068965

Name and title of officer: MAUREEN TAMBASCO
EXECTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here ▶ [X]	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b 351,995
2a	Form 990-EZ check here ▶ [ ]	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶ [ ]	b	**Total tax** (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here ▶ [ ]	b	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ▶ [ ]	b	**Balance Due** (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize DALLAIRE AND ASSOCIATES, CPA'S, PA to enter my PIN 34429 as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [signature] Date ▶ 10/15/18

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.

59518815777
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Dani J. Dallaire CPA Date ▶ 10/15/18

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

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (201

DAA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 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: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 109 NE CRYSTAL ST SUITE B

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CRYSTAL RIVER FL 34428

D Employer identification number: 59-3068965

E Telephone number: 352-795-5000

G Gross receipts $: 574,29

F Name and address of principal officer:
MICHELE ADAMS
2345 S COLEMAN AVE
HOMOSASSA FL 34448

H(a) Is this a group return for subordinates? Yes X

H(b) Are all subordinates included? Yes

If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.CITRUSHEARINGIMPAIRED.ORG

H(c) Group exemption number ▶

K Form of organization: X Corporation Trust Association Other ▶

L Year of formation: 1988

M State of legal domicile: F

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 38	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,604	3,48
9	Program service revenue (Part VIII, line 2g)	347,738	565,51
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41	5
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,388	4,65
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	351,995	573,70
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	90,791	92,83
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	263,070	423,79
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	353,861	516,62
19	Revenue less expenses. Subtract line 18 from line 12	-1,866	57,08

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	188,274	245,07
21	Total liabilities (Part X, line 26)	0	
22	Net assets or fund balances. Subtract line 21 from line 20	188,274	245,07

Part II Signature Block

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

Sign Here

Signature of officer — Date

MAUREEN TAMBASCO EXECTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
TERRI L. DALLAIRE, CPA	Terri L. Dallaire CPA	10/22/19		P00305434

Firm's name ▶ DALLAIRE AND ASSOCIATES, CPA'S, PA — Firm's EIN ▶ 59-3020329

Firm's address ▶ PO BOX 490 CRYSTAL RIVER, FL 34423-0490 — Phone no. 352-563-130

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2018)

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 $ 503,185 including grants of $) (Revenue $ 11,137

PROVIDING ASSISTANCE FOR COMMUNITY SERVICES TO PHYSICIANS, ATTORNEYS, BANKS, ECT. AS NEEDED THROUGH INTERPRETING SERVICES TO THE DEAF AND HEARING IMPAIRED.

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

N/A

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

N/A

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

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

4e Total program service expenses ▶ 503,185

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			
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

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

MAUREEN TAMBASCO 109 NE CRYSTAL STREET SUITE B

CRYSTAL RIVER FL 34428 352-795-500

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN MURPHY	1.00									
DIRECTOR	0.00	X						0	0	
(2) MAUREEN TAMBASCO	40.00									
EXECTIVE DIRECTOR	0.00			X				31,512	0	
(3) BETTY MURPHY	1.00									
PRESIDENT	0.00			X				0	0	
(4) CHERYL SHEETS	1.00									
SECRETARY	0.00			X				0	0	
(5) MICHELE ADAMS	1.00									
TREASURER	0.00			X				0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								31,512		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								31,512		

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

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

Section B. Independent Contractors

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

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

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

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,487			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f	▶	3,487			
Program Service Revenue		Busn. Code				
	2a INTERPRETING SERVICES	611430	553,652	553,652		
	b FTRI		11,862	11,862		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	565,514			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	51	51		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a 4,458				
	b Less: direct expenses	b 583				
	c Net income or (loss) from gaming activities	▶	3,875	3,875		
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Busn. Code				
	11a OTHER		780	780		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶	780			
	12 **Total revenue.** See instructions.	▶	573,707	570,220	0	

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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

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	31,512	23,634	7,878	
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	43,677	43,677		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,274	4,705	1,569	
10 Payroll taxes	11,371	10,120	1,251	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	715	643	72	
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	8,116	7,305	811	
14 Information technology				
15 Royalties				
16 Occupancy	2,758	2,482	276	
17 Travel	865	778	87	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,175	1,957	218	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,337	3,003	334	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INTERPRETING SERVICES	385,881	385,881		
b UTILITIES	8,621	7,759	862	
c CLIENT ASSISTANCE	7,624	7,624		
d MAINTENANCE	2,105	2,105		
e All other expenses	1,594	1,512	82	
25 **Total functional expenses.** Add lines 1 through 24e	516,625	503,185	13,440	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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		20,602	1	40,68
	2	Savings and temporary cash investments		80,620	2	120,67
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 126,472			
	b	Less: accumulated depreciation	10b 42,756	87,052	10c	83,71
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		188,274	16	245,07
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		0	26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		188,274	27	245,07
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		188,274	33	245,07
	34	Total liabilities and net assets/fund balances		188,274	34	245,07

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	573,70
2	Total expenses (must equal Part IX, column (A), line 25)	2	516,62
3	Revenue less expenses. Subtract line 2 from line 1	3	57,08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	188,27
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-28
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	245,07

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: X Cash Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (20

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
CITRUS HEARING IMPAIRED PROGRAM SERVICES INC	59-3068965

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 20

DAA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 ▶

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Schedule A (Form 990 or 990-EZ) 2018 CITRUS HEARING IMPAIRED PROGRAM 59-3068965 Page 3

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,829	8,684	5,433	6,604	3,487	40,0
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	338,954	342,890	322,842	349,747	570,803	1,925,2
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	354,783	351,574	328,275	356,351	574,290	1,965,2
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						1,965,2

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	354,783	351,574	328,275	356,351	574,290	1,965,2
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		26	40			
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		26	40			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	354,783	351,600	328,315	356,351	574,290	1,965,3

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** 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—2017.** 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 ▶

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B.1.e

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried cut the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

2018

Open to Public Inspection

Name of the organization
CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer identification number
59-3068965

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 N

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 N

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Tax Ye
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? Yes N

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 N

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N

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 N

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 N

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		126,472	42,756	83,71
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				83,71

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

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

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

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

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

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

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

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

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	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.

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.

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
CITRUS HEARING IMPAIRED PROGRAM SERVICES INC	59-3068965

FORM 990 - ORGANIZATION'S MISSION

THE PRIMARY MISSION OF CITRUS HEARING IMPAIRED PROGRAM SERVICES OF CITRUS COUNTY IS TO ASSURE AND ENHANCE THE QUALITY OF LIFE FOR THE DEAF, HARD OF HEARING AND SPEECH IMPAIRED INDIVIDUALS OF CITRUS COUNTY, ASSURING THAT NO OPPORTUNITY BE DENIED TO ANYONE AS A RESULT OF HEARING OR SPEECH IMPAIRMENT, AND TO CONTINUE TO DEVELOP SERVICES AND PROGRAMS GEARED TOWARD ALLEVIATING COMMUNICATION BARRIERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD IS INFORMED WHEN THE FORM 990 IS FILED, WHICH IS MADE AVAILABLE UPON REQUEST TO THE RESPECTIVE BOARD MEMBER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS ANNUALLY SIGN AND DISCLOSE ALL CONFLICTS OF INTEREST AND ABSTAIN FROM VOTING ON ALL MATTERS WHERE CONFLICTS MAY EXIST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS DISCUSS THE EXECUTIVE DIRECTORS COMPENSATION DURING SCHEDULED BOARD MEETINGS. MINUTES OF THE MEETING REFLECT THE CONCLUSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE TAX RETURN AND FINANCIAL STATEMENTS ARE MADE AVAILABLE AT THE ORGANIZATION'S OFFICE FOR PUBLIC REVIEW.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CITRUS HEARING IMPAIRED PROGRAM

Employer identification number: 59-3068965

BOOK / TAX DEPRECIATION DIFFERENCE	$	1
PRIOR PERIOD ADJUSTMENT	$	-282
TOTAL	$	-281

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. 17

Name(s) shown on return: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Identifying number: 59-3068965

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	1,000,00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,00
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 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 2019. 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	3,26

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 2018	17	7
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2018 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	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,33
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.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562** (2018)

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **8879-EO**

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

OMB No. 1545-1878

2018

For calendar year 2018, or fiscal year beginning ....., 2018, and ending ....., 20 .....

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to *www.irs.gov/Form8879EO* for the latest information.

Name of exempt organization	Employer identification number
CITRUS HEARING IMPAIRED PROGRAM SERVICES INC	59-3068965

Name and title of officer: MAUREEN TAMBASCO
EXECTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here ▶ [X] b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	573,70
2a	Form 990-EZ check here ▶ [ ] b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ [ ] b **Total tax** (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ [ ] b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ [ ] b **Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize DALLAIRE AND ASSOCIATES, CPA'S, PA to enter my PIN 34428 as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ✓ Date ▶ 10/22/19

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.

59518815777
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Dani L. Dallaire CPA Date ▶ 10/22/19

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

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (20

DAA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545
2019
Open to Public Inspection

A For the 2019 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: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 109 NE CRYSTAL ST SUITE B

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CRYSTAL RIVER FL 34428

D Employer identification number: 59-3068965

E Telephone number: 352-795-5000

G Gross receipts $: 848,739

F Name and address of principal officer:
MICHELE ADAMS
2345 S COLEMAN AVE
HOMOSASSA FL 34448

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.CITRUSHEARINGIMPAIRED.ORG

H(c) Group exemption number ▶

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

L Year of formation: 1988

M State of legal domicile: FL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,487	8,277
9	Program service revenue (Part VIII, line 2g)	565,514	838,907
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51	87
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,655	774
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	573,707	848,045
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	92,834	98,042
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	423,791	660,691
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	516,625	758,733
19	Revenue less expenses. Subtract line 18 from line 12	57,082	89,312

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	245,075	334,633
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances. Subtract line 21 from line 20	245,075	334,633

Part II Signature Block

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

Sign Here

Signature of officer — Date

MAUREEN TAMBASCO EXECTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TERRI L. DALLAIRE, CPA		08/12/20		P00305434

Firm's name ▶ DALLAIRE AND ASSOCIATES, CPA'S, PA — Firm's EIN ▶ 59-3020329

Firm's address ▶ PO BOX 490 CRYSTAL RIVER, FL 34423-0490 — Phone no. 352-563-1300

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2019)

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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 $ 742,723 including grants of $) (Revenue $ 838,907)

PROVIDING ASSISTANCE FOR COMMUNITY SERVICES TO PHYSICIANS, ATTORNEYS, BANKS, ECT. AS NEEDED THROUGH INTERPRETING SERVICES TO THE DEAF AND HEARING IMPAIRED.

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 ▶ 742,723

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	33		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" 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	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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

DAA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (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 ▶

MAUREEN TAMBASCO 109 NE CRYSTAL STREET SUITE B

CRYSTAL RIVER FL 34428 352-795-5000

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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 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) MAUREEN TAMBASCO	40.00									
EXECTIVE DIRECTOR	0.00			X				32,118	0	0
(2) BRIAN MURPHY	1.00									
DIRECTOR	0.00	X						0	0	0
(3) MICHELE ADAMS	1.00									
TREASURER	0.00			X				0	0	0
(4) BETTY MURPHY	1.00									
PRESIDENT	0.00			X				0	0	0
(5) CHERYL SHEETS	1.00									
SECRETARY	0.00			X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

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(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			
1b Subtotal ▶								32,118		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								32,118		

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

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,277				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			8,277			
Program Service Revenue		Business Code					
	2a INTERPRETING SERVICES	611430		830,044	830,044		
	b FTRI			8,863	8,863		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			838,907			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			87			87
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	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	854				
	b Less: direct expenses	9b	694				
	c Net income or (loss) from gaming activities			160	160		
	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						
Miscellaneous Revenue		Business Code					
	11a OTHER			614	614		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			614			
	12 **Total revenue.** See instructions			848,045	839,681	0	87

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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 ☐

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	32,118	24,088	8,030	
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	48,534	48,534		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,654	4,240	1,414	
10 Payroll taxes	11,736	10,562	1,174	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	725	652	73	
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	8,411	7,570	841	
14 Information technology				
15 Royalties				
16 Occupancy	28,598	25,738	2,860	
17 Travel	1,079	971	108	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,754	2,479	275	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,040	2,735	305	
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 INTERPRETING SERVICES	594,433	594,433		
b CLIENT ASSISTANCE	10,857	10,857		
c UTILITIES	8,153	7,338	815	
d MAINTENANCE	1,158	1,158		
e All other expenses	1,483	1,368	115	
25 **Total functional expenses.** Add lines 1 through 24e	758,733	742,723	16,010	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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		40,689	1	18,197
	2	Savings and temporary cash investments		120,670	2	235,758
	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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 126,472			
	b	Less: accumulated depreciation	10b 45,794	83,716	10c	80,678
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		245,075	16	334,633
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			25	
	26	**Total liabilities.** Add lines 17 through 25		0	26	0
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		245,075	27	334,633
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	Total net assets or fund balances		245,075	32	334,633
	33	Total liabilities and net assets/fund balances		245,075	33	334,633

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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	848,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	758,733
3	Revenue less expenses. Subtract line 2 from line 1	3	89,312
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	245,075
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	246
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	334,633

Part XII Financial Statements and Reporting

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

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

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* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer identification number 59-3068965

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule A (Form 990 or 990-EZ) 2019**

DAA

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

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 ▶ ☐

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DAA

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,684	5,433	6,604	3,487	8,277	32,485
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	342,890	322,842	349,747	570,803	840,375	2,426,657
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	351,574	328,275	356,351	574,290	848,652	2,459,142
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						2,459,142

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	351,574	328,275	356,351	574,290	848,652	2,459,142
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26	40			87	153
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	26	40			87	153
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	351,600	328,315	356,351	574,290	848,739	2,459,295

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.99 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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.)

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

2019

Open to Public Inspection

Name of the organization
CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer identification number
59-3068965

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	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? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 ▶ $

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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				
d Equipment				
e Other		126,472	45,794	80,678
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				80,678

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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	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.

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.

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Part XIII Supplemental Information *(continued)*

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer identification number: 59-3068965

FORM 990 - ORGANIZATION'S MISSION

THE PRIMARY MISSION OF CITRUS HEARING IMPAIRED PROGRAM SERVICES OF CITRUS COUNTY IS TO ASSURE AND ENHANCE THE QUALITY OF LIFE FOR THE DEAF, HARD OF HEARING AND SPEECH IMPAIRED INDIVIDUALS OF CITRUS COUNTY, ASSURING THAT NO OPPORTUNITY BE DENIED TO ANYONE AS A RESULT OF HEARING OR SPEECH IMPAIRMENT, AND TO CONTINUE TO DEVELOP SERVICES AND PROGRAMS GEARED TOWARD ALLEVIATING COMMUNICATION BARRIERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD IS INFORMED WHEN THE FORM 990 IS FILED, WHICH IS MADE AVAILABLE UPON REQUEST TO THE RESPECTIVE BOARD MEMBER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS ANNUALLY SIGN AND DISCLOSE ALL CONFLICTS OF INTEREST AND ABSTAIN FROM VOTING ON ALL MATTERS WHERE CONFLICTS MAY EXIST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS DISCUSS THE EXECUTIVE DIRECTORS COMPENSATION DURING SCHEDULED BOARD MEETINGS. MINUTES OF THE MEETING REFLECT THE CONCLUSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE TAX RETURN AND FINANCIAL STATEMENTS ARE MADE AVAILABLE AT THE ORGANIZATION'S OFFICE FOR PUBLIC REVIEW.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.e

Name of the organization

CITRUS HEARING IMPAIRED PROGRAM

Employer identification number

59-3068965

BOOK / TAX DEPRECIATION DIFFERENCE	$	2
PRIOR PERIOD ADJUSTMENT	$	244
TOTAL	$	246

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ **Attach to your tax return.**

▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 154

2019

Attachment Sequence No. **179**

Name(s) shown on return: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Identifying number: 59-3068965

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	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 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	2,971

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	69
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 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	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 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	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,040
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.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562** (2019)

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	WALK (EXTERIOR)	6/30/09	300			X	150	15	HY	150DB	197	19
3	TELEPHONE SYSTEM	7/15/09	1,021			X	510	7	HY	200DB	1,021	0
4	COMPUTER	9/15/09	1,491			X	745	7	HY	200DB	1,491	0
5	DELL COMPUTER	4/02/11	470			X	0	5	HY	200DB	470	0
6	REFRIGERATOR	6/29/09	497			X	248	7	HY	200DB	497	0
7	RANGE	6/29/09	507			X	253	7	HY	200DB	507	0
8	DISHWASHER	6/29/09	253			X	126	7	HY	200DB	253	0
9	WINDOWS	5/31/09	685			X	342	15	HY	150DB	452	42
10	LIGHTING	5/31/09	339			X	169	7	HY	200DB	339	0
11	TELEVISION	8/15/09	3,895			X	1,947	7	HY	200DB	3,895	0
13	RANGE MICROWAVE	6/29/09	175			X	87	7	HY	200DB	175	0
14	POWERPOINT PROJECTOR	6/15/09	300			X	150	7	HY	200DB	300	0
15	DESKS	7/15/09	1,424			X	712	7	HY	200DB	1,424	0
19	SHREDDER	12/05/13	177			X	88	7	MQ	200DB	163	8
			11,534				5,527				11,184	69
Other Depreciation:												
2	TRAIN CAR REMODELING	3/31/09	110,715				110,715	39	MO	S/L	27,679	2,839
12	DELL COMPUTER	1/01/12	761				761	5	MO	S/L	761	0
16	VERIZON CELL PHONE	3/20/12	259				259	5	MO	S/L	259	0
17	COMPUTER - MT	7/10/12	870				870	5	MO	S/L	870	0
18	PRINTER	12/12/12	50				50	5	MO	S/L	50	0
20	COMPUTER/FRONT DESK	2/21/14	1,768				1,768	5	MO	S/L	1,709	59
21	CELL PHONE	5/20/15	265				265	7	MO	S/L	136	37
22	CAMCORDER	8/01/15	250				250	7	MO	S/L	122	36
	Total Other Depreciation		114,938				114,938				31,586	2,971
	Total ACRS and Other Depreciation		114,938				114,938				31,586	2,971
	Grand Totals		126,472				120,465				42,770	3,040
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		126,472				120,465				42,770	3,040

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

FL Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Prior MACRS:								
1	WALK (EXTERIOR)	6/30/09	300	150	197	19	19	0
3	TELEPHONE SYSTEM	7/15/09	1,021	510	1,021	0	0	0
4	COMPUTER	9/15/09	1,491	745	1,491	0	0	0
5	DELL COMPUTER	4/02/11	470	0	470	0	0	0
6	REFRIGERATOR	6/29/09	497	248	497	0	0	0
7	RANGE	6/29/09	507	253	507	0	0	0
8	DISHWASHER	6/29/09	253	126	253	0	0	0
9	WINDOWS	5/31/09	685	342	452	42	42	0
10	LIGHTING	5/31/09	339	169	339	0	0	0
11	TELEVISION	8/15/09	3,895	1,947	3,895	0	0	0
13	RANGE MICROWAVE	6/29/09	175	87	175	0	0	0
14	POWERPOINT PROJECTOR	6/15/09	300	150	300	0	0	0
15	DESKS	7/15/09	1,424	712	1,424	0	0	0
19	SHREDDER	12/05/13	177	88	163	8	8	0
			11,534	5,527	11,184	69	69	0
Other Depreciation:								
2	TRAIN CAR REMODELING	3/31/09	110,715	110,715	27,679	2,839	2,839	0
12	DELL COMPUTER	1/01/12	761	761	761	0	0	0
16	VERIZON CELL PHONE	3/20/12	259	259	259	0	0	0
17	COMPUTER - MT	7/10/12	870	870	870	0	0	0
18	PRINTER	12/12/12	50	50	50	0	0	0
20	COMPUTER/FRONT DESK	2/21/14	1,768	1,768	1,709	59	59	0
21	CELL PHONE	5/20/15	265	265	136	37	37	0
22	CAMCORDER	8/01/15	250	250	122	36	36	0
	Total Other Depreciation		114,938	114,938	31,586	2,971	2,971	0
	Total ACRS and Other Depreciation		114,938	114,938	31,586	2,971	2,971	0
	Grand Totals		126,472	120,465	42,770	3,040	3,040	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		126,472	120,465	42,770	3,040	3,040	0

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
3	TELEPHONE SYSTEM	7/15/09	0			X	0	7	HY	200DB	0	0
4	COMPUTER	9/15/09	1,491			X	745	7	HY	200DB	1,491	0
5	DELL COMPUTER	4/02/11	470			X	0	5	HY	200DB	470	0
6	REFRIGERATOR	6/29/09	497			X	248	7	HY	200DB	497	0
7	RANGE	6/29/09	507			X	253	7	HY	200DB	507	0
8	DISHWASHER	6/29/09	253			X	126	7	HY	200DB	253	0
9	WINDOWS	5/31/09	685			X	342	15	HY	150DB	452	42
10	LIGHTING	5/31/09	339			X	169	7	HY	200DB	339	0
11	TELEVISION	8/15/09	3,895			X	1,947	7	HY	200DB	3,895	0
13	RANGE MICROWAVE	6/29/09	175			X	87	7	HY	200DB	175	0
14	POWERPOINT PROJECTOR	6/15/09	300			X	150	7	HY	200DB	300	0
15	DESKS	7/15/09	1,424			X	712	7	HY	200DB	1,424	0
19	SHREDDER	12/05/13	177			X	88	7	MQ	200DB	163	8
			10,213				4,867				9,966	50
Other Depreciation:												
1	WALK (EXTERIOR)	6/30/09	0				0	15	MO	S/L	0	0
2	TRAIN CAR REMODELING	3/31/09	0				0	0	HY		0	0
12	DELL COMPUTER	1/01/12	761				761	5	MO	S/L	761	0
16	VERIZON CELL PHONE	3/20/12	0				0	0	HY		0	0
17	COMPUTER - MT	7/10/12	0				0	0	HY		0	0
18	PRINTER	12/12/12	0				0	0	HY		0	0
20	COMPUTER/FRONT DESK	2/21/14	0				0	0	HY		0	0
21	CELL PHONE	5/20/15	0				0	0	HY		0	0
22	CAMCORDER	8/01/15	0				0	0	HY		0	0
	Total Other Depreciation		761				761				761	0
	Total ACRS and Other Depreciation		761				761				761	0
	Grand Totals		10,974				5,628				10,727	50
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		10,974				5,628				10,727	50

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	WALK (EXTERIOR)	6/30/09	300		0	0	150	150
3	TELEPHONE SYSTEM	7/15/09	1,021		0	0	511	510
4	COMPUTER	9/15/09	1,491		0	0	746	745
5	DELL COMPUTER	4/02/11	470		0	0	470	0
6	REFRIGERATOR	6/29/09	497		0	0	249	248
7	RANGE	6/29/09	507		0	0	254	253
8	DISHWASHER	6/29/09	253		0	0	127	126
9	WINDOWS	5/31/09	685		0	0	343	342
10	LIGHTING	5/31/09	339		0	0	170	169
11	TELEVISION	8/15/09	3,895		0	0	1,948	1,947
13	RANGE MICROWAVE	6/29/09	175		0	0	88	87
14	POWERPOINT PROJECTOR	6/15/09	300		0	0	150	150
15	DESKS	7/15/09	1,424		0	0	712	712
19	SHREDDER	12/05/13	177		0	0	89	88
	Grand Total		11,534		0	0	6,007	5,527

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	4	COMPUTER	0	0	0
Page 1	1	5	DELL COMPUTER	0	0	0
Page 1	1	6	REFRIGERATOR	0	0	0
Page 1	1	7	RANGE	0	0	0
Page 1	1	8	DISHWASHER	0	0	0
Page 1	1	9	WINDOWS	42	42	0
Page 1	1	10	LIGHTING	0	0	0
Page 1	1	11	TELEVISION	0	0	0
Page 1	1	13	RANGE MICROWAVE	0	0	0
Page 1	1	14	POWERPOINT PROJECTOR	0	0	0
Page 1	1	15	DESKS	0	0	0
Page 1	1	19	SHREDDER	8	8	0
				50	50	0

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

59-3068965

Future Depreciation Report FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	WALK (EXTERIOR)	6/30/09	300	18	0
3	TELEPHONE SYSTEM	7/15/09	1,021	0	0
4	COMPUTER	9/15/09	1,491	0	0
5	DELL COMPUTER	4/02/11	470	0	0
6	REFRIGERATOR	6/29/09	497	0	0
7	RANGE	6/29/09	507	0	0
8	DISHWASHER	6/29/09	253	0	0
9	WINDOWS	5/31/09	685	42	42
10	LIGHTING	5/31/09	339	0	0
11	TELEVISION	8/15/09	3,895	0	0
13	RANGE MICROWAVE	6/29/09	175	0	0
14	POWERPOINT PROJECTOR	6/15/09	300	0	0
15	DESKS	7/15/09	1,424	0	0
19	SHREDDER	12/05/13	177	6	6
			11,534	66	48
Other Depreciation:					
2	TRAIN CAR REMODELING	3/31/09	110,715	2,839	0
12	DELL COMPUTER	1/01/12	761	0	0
16	VERIZON CELL PHONE	3/20/12	259	0	0
17	COMPUTER - MT	7/10/12	870	0	0
18	PRINTER	12/12/12	50	0	0
20	COMPUTER/FRONT DESK	2/21/14	1,768	0	0
21	CELL PHONE	5/20/15	265	38	0
22	CAMCORDER	8/01/15	250	35	0
	Total Other Depreciation		114,938	2,912	0
	Total ACRS and Other Depreciation		114,938	2,912	0
	Grand Totals		126,472	2,978	48

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

FL Future Depreciation Report FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	FL
Prior MACRS:				
1	WALK (EXTERIOR)	6/30/09	300	18
3	TELEPHONE SYSTEM	7/15/09	1,021	0
4	COMPUTER	9/15/09	1,491	0
5	DELL COMPUTER	4/02/11	470	0
6	REFRIGERATOR	6/29/09	497	0
7	RANGE	6/29/09	507	0
8	DISHWASHER	6/29/09	253	0
9	WINDOWS	5/31/09	685	42
10	LIGHTING	5/31/09	339	0
11	TELEVISION	8/15/09	3,895	0
13	RANGE MICROWAVE	6/29/09	175	0
14	POWERPOINT PROJECTOR	6/15/09	300	0
15	DESKS	7/15/09	1,424	0
19	SHREDDER	12/05/13	177	6
			11,534	66
Other Depreciation:				
2	TRAIN CAR REMODELING	3/31/09	110,715	2,839
12	DELL COMPUTER	1/01/12	761	0
16	VERIZON CELL PHONE	3/20/12	259	0
17	COMPUTER - MT	7/10/12	870	0
18	PRINTER	12/12/12	50	0
20	COMPUTER/FRONT DESK	2/21/14	1,768	0
21	CELL PHONE	5/20/15	265	38
22	CAMCORDER	8/01/15	250	35
	Total Other Depreciation		114,938	2,912
	Total ACRS and Other Depreciation		114,938	2,912
	Grand Totals		126,472	2,978

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Event Income and Deduction Worksheet

Description **VARIOUS EVENTS**

2019

Name
CITRUS HEARING IMPAIRED PROGRAM

Taxpayer Identification Number
59-3068965

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	854
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	854
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	694
15. **Total expenses.** Add lines 8 through 14	15.	694
16. **Net Income/Loss.** Line 7 minus Line 15	16.	160

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G
- ☐ Schedule I
- ☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	694
Total Fundraising Expense	694

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Two Year Comparison Report

For calendar year 2019, or tax year beginning , ending

2018 & 2019

Name

CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Taxpayer Identification Number

59-3068965

			2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1.	3,487	8,277	4,790
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	565,514	838,907	273,393
	5. Investment income	5.	51	87	36
	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.	3,875	160	-3,715
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	780	614	-166
	12. **Total revenue.** Add lines 1 through 11	12.	573,707	848,045	274,338
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	31,512	32,118	606
	16. Salaries, other compensation, and employee benefits	16.	61,322	65,924	4,602
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	715	725	10
	19. Occupancy, rent, utilities, and maintenance	19.	2,758	28,598	25,840
	20. Depreciation and Depletion	20.	3,337	3,040	-297
	21. Other expenses	21.	416,981	628,328	211,347
	22. **Total expenses.** Add lines 13 through 21	22.	516,625	758,733	242,108
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	57,082	89,312	32,230
Other Information	24. Total exempt revenue	24.	573,707	848,045	274,338
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	570,220	839,768	269,548
	27. Total assets	27.	245,075	334,633	89,558
	28. Total liabilities	28.			
	29. Retained earnings	29.	245,075	334,633	89,558
	30. Number of voting members of governing body	30.	5	5	
	31. Number of independent voting members of governing body	31.	5	5	
	32. Number of employees	32.	5	4	
	33. Number of volunteers	33.			

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Tax Return History

2019

Name: CITRUS HEARING IMPAIRED PROGRAM SERVICES INC

Employer Identification Number: 59-3068965

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	8,684	5,433	6,604	3,487	8,277	
Membership dues						
Program service revenue	342,890	322,842	347,738	565,514	838,907	
Capital gain or loss						
Investment income	26	40	41	51	87	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)	991	-1,940	-2,654	3,875	160	
Other revenue	358	1,288	266	780	614	
Total revenue	352,949	327,663	351,995	573,707	848,045	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	28,792	31,512	31,512	31,512	32,118	
Other compensation	53,487	61,054	59,279	61,322	65,924	
Professional fees	520	690	720	715	725	
Occupancy costs	2,503	15,089	2,745	2,758	28,598	
Depreciation and depletion	4,969	4,369	3,443	3,337	3,040	
Other expenses	224,552	225,008	256,162	416,981	628,328	
Total expenses	314,823	337,722	353,861	516,625	758,733	
Excess or (Deficit)	38,126	-10,059	-1,866	57,082	89,312	
Total exempt revenue	352,949	327,663	351,995	573,707	848,045	
Total unrelated revenue						
Total excludable revenue	344,265	322,230	345,391	570,220	839,768	
Total Assets	200,197	190,139	188,274	245,075	334,633	
Total Liabilities						
Net Fund Balances	200,197	190,139	188,274	245,075	334,633	

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

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.
Citrus Hearing Impaired Program Services, 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.
109 NE Crystal Street Suite B

Requester's name and address (optional)

6 City, state, and ZIP code
Crystal River FL 34428

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.

Social security number
___ - ___ - ____

or

Employer identification number
5 9 - 3 0 6 8 9 6 5

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ Maureen Tambasco Date ▶ 2-1-21

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*.

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.*

Attachment: 08 NPG1 Non-Profit Grant Packet- CHIPS, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

The Path of Citrus County

Application

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000009

DuWayne Sipper - sipperd@pathofcitrus.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 4 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

The Path of Citrus County

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

Citrus County

Mailing Address for Grant Check

Name

DuWayne Sipper

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Company

The Path of Citrus County

Address

PO BOX 3024

Address 2

(No response)

City

INVERNESS

State

FL

ZIP

34451

Country

United States

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

sipperd@pathofcitrus.org

Phone Number

352-527-6500

Business Website Address

www.pathofcitrus.org

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59-3111520

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

To provide a Christian living environment for anyone in Citrus County without a home. Our program provides a full time program for all of the needs with the clients who live in our facility.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 30,000

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 1,000,000

Has this program previously received County grant funding?

Yes

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

cares money was received in 2020 for our thrift store in the amount of $17,500

How many years has your organization served Citrus County?

20

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 4 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: The Path of Citrus County Inc.
Country: United States
Ein: 593111520
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 4 2021

W-9 2021

Filename: W-9_2021.pdf **Size:** 608.8 kB

Upload a State of Florida charitable organization registration

Completed - Feb 4 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

Dept of Ag 2021

Filename: Dept_of_Ag_2021.pdf **Size:** 305.6 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 4 2021

2019 Form 990

Filename: 2019_Form_990_v6VOECH.pdf **Size:** 399.5 kB

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

2018 990

Filename: 2018_990_HBtirys.pdf **Size:** 2.2 MB

2017 Form 990 for DS

Filename: 2017_Form_990_for_DS.pdf **Size:** 378.4 kB

Upload Evaluation Criteria

Completed - Feb 4 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

BOCC 2-4-21

Filename: BOCC_2-4-21.docx **Size:** 14.7 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 4 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

DuWayne Sipper

Applicant Title

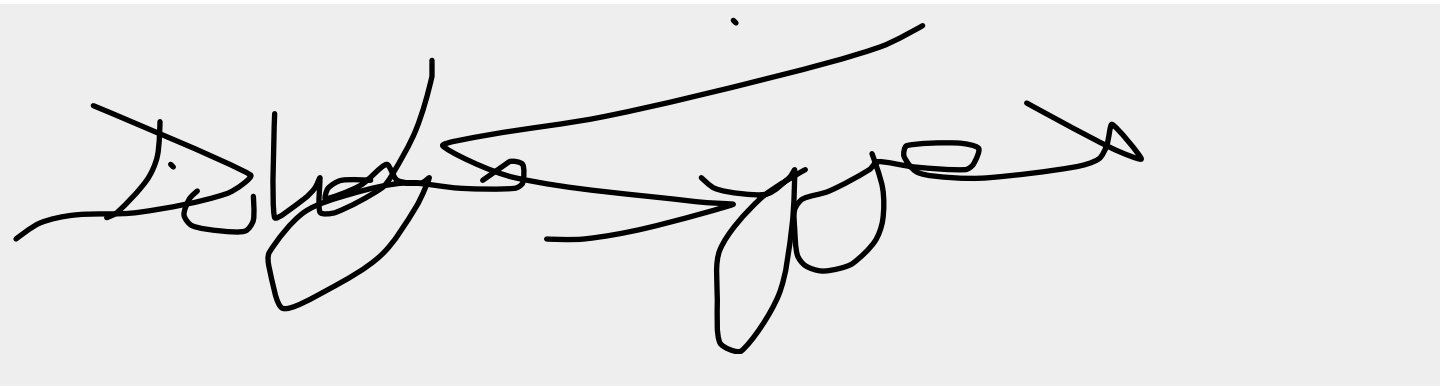
Executive Director

Date

Feb 4 2021

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the following information:

1. The intended use of the grant funds.
    1. We will pay the utility bills of operating the shelter, Electric, Gas, Water, Telephone and direct food expenses.
2. Detailed information on the food distribution and/or health care service deployment plan.
    1. Our operation feeds every day of the year as well as our case managers take care of all of the health needs of every client in our program.
3. How Citrus County will benefit from this program.
    1. Citrus County has long benefited from the Path for every person who is taken out of the system or off of the streets and even the jail or court system.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.
    1. Depending on the perspective, every person in Citrus County benefits but if you wish to count only the ones in the program, I expect about 100 during the timeline.

The Path has been operating for 20 years and now in our motel at 4395 N Lecanto Highway, Beverly Hills. Almost 2500 people, men, women and children have been in our program.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

June 24, 2020 **Refer To: CH11383**

THE PATH OF CITRUS COUNTY, INC.
PO BOX 3024
INVERNESS, FL 34451-3024

RE: THE PATH OF CITRUS COUNTY, INC.
REGISTRATION#: CH11383
EXPIRATION DATE: July 7, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Rashauntah Jackson
Regulatory Consultant
850-410-3745
Fax: 850-410-3804
E-mail: rashauntah.jackson@fdacs.gov

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

THE PATH OF CITRUS COUNTY, INC
PO BOX 3024
INVERNESS, FL 34451

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2017

PREPARED FOR:

THE PATH OF CITRUS COUNTY, INC
PO BOX 3024
INVERNESS, FL 34451

PREPARED BY:

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20___

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2017

Name of exempt organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

Name and title of officer

DUWAYNE SIPPER
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	1,308,984.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WARDLOW & CASH, P.A. to enter my PIN 11520

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59938958703

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 06/07/18

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
THE PATH OF CITRUS COUNTY, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 3024 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS, FL 34451

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

D Employer identification number
59-3111520

E Telephone number
352-527-6500

G Gross receipts $ 1,399,365.

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.PATHOFCITRUS.ORG

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

L Year of formation: 2001 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE PATH OF CITRUS COUNTY SEEKS TO PROVIDE A CHRISTIAN LIVING ENVIRONMENT THAT ALLOWS TRUE

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	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	878,731.	1,135,670.
9	Program service revenue (Part VIII, line 2g)	44,479.	62,823.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,456.	7,749.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,885.	102,742.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,035,551.	1,308,984.

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)	169,166.	162,833.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	33,000.	75,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,835.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	544,544.	490,609.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	746,710.	728,442.
19	Revenue less expenses. Subtract line 18 from line 12	288,841.	580,542.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,750,755.	2,590,873.
21	Total liabilities (Part X, line 26)	376,712.	636,288.
22	Net assets or fund balances. Subtract line 21 from line 20	1,374,043.	1,954,585.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DUWAYNE SIPPER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CONSTANCE DEWEESE		06/07/18	☐	P00635673

Firm's name ▶ WARDLOW & CASH, P.A. — Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452 — Phone no. (352) 726-8130

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 LAY A FOUNDATION THAT WILL SPREAD THE GOSPEL TO THOSE WHO ARE HOMELESS AND HAVE POOR FUNDAMENTALS FOR LIVING IN THE WORLD TODAY. TO MEET THE NEEDS OF THOSE INDIVIDUALS FOR FOOD, SHELTER, AND EMERGENCY CARE AND PLACE THEM IN AN ENVIRONMENT THAT REPRESENTS THE TEACHINGS OF

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 $ 203,309. including grants of $) (Revenue $ 25,383.)
THE PATH OF CITRUS COUNTY MAINTAINS AND OPERATES 3 HOUSES FOR MEN AND 1 HOUSE FOR WOMEN IN PROVIDING FOOD AND SHELTER FOR THE HOMELESS

4b (Code:) (Expenses $ 240,164. including grants of $) (Revenue $ 147,931.)
THE PATH OF CITRUS COUNTY OFFERS REHABILITATION VIA THE TEACHINGS OF THE BIBLE IN ORDER TO AFFECT THE DIRECTION OF LIFE AND ENCOURAGE A HIGH WORK ETHIC WITH A GOAL OF INDEPENDENT LIVING. THIS IS ACHIEVED THROUGH COUNSELING, JOB SKILLS TRAINING, AND WORK OPPORTUNITIES IN THE PATH OPERATED THRIFT STORE AND FARM.

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

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

4e Total program service expenses ▶ 443,473.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules *(continued)*

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☒ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

DUWAYNE SIPPER - (352) 527-6500

31 S MELBOURNE, BEVERLY HILLS, FL 34465

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUARD GREEN BOARD MEMBER	1.00	X						0.	0.	0.
(2) CONNIE LOBEL PRESIDENT	1.00	X		X				0.	0.	0.
(3) MARIA CONVERSE BOARD MEMBER	1.00	X						0.	0.	0.
(4) LES COOK TREASURER	1.00	X		X				0.	0.	0.
(5) DUWAYNE SIPPER EXECUTIVE DIRECTOR	50.00	X						40,000.	0.	0.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								40,000.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								40,000.	0.	0.

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

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

Section B. Independent Contractors

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

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

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	184,251.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	457,943.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	493,476.				
	g Noncash contributions included in lines 1a-1f: $ 2,051.						
	h Total. Add lines 1a-1f ▶			1,135,670.			
Program Service Revenue		Business Code					
	2a FARM	110000		37,440.	37,440.		
	b SHELTER	721310		25,383.	25,383.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			62,823.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			6,250.	6,250.		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents	20,459.					
	b Less: rental expenses	0.					
	c Rental income or (loss)	20,459.					
	d Net rental income or (loss) ▶			20,459.	20,459.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		23,861.				
	b Less: cost or other basis and sales expenses		22,362.				
	c Gain or (loss)		1,499.				
	d Net gain or (loss) ▶			1,499.	1,499.		
	8a Gross income from fundraising events (not including $ 184,251. of contributions reported on line 1c). See Part IV, line 18	a	0.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from fundraising events ▶			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	a	150,302.				
	b Less: cost of goods sold	b	68,019.				
	c Net income or (loss) from sales of inventory ▶			82,283.	82,283.		
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶						
	12 Total revenue. See instructions. ▶			1,308,984.	173,314.	0.	0.

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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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	64,700.	32,350.	32,350.	
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	85,079.	85,079.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,054.	8,075.	4,979.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,289.		13,289.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	75,000.			75,000.
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.)				
12 Advertising and promotion	4,277.	4,277.		
13 Office expenses	16,367.		16,367.	
14 Information technology				
15 Royalties				
16 Occupancy	6,600.	6,600.		
17 Travel	5,945.	5,945.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,000.	2,000.		
20 Interest	12,630.	12,630.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,752.	52,307.	10,445.	
23 Insurance	32,965.	28,603.	4,362.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING	109,835.			109,835.
b POSTAGE PRINTING & SHIP	41,814.	39,910.	1,904.	
c FARM	36,856.	36,856.		
d UTILITIES	34,789.	34,789.		
e All other expenses SEE SCH O	110,490.	94,052.	16,438.	
25 **Total functional expenses.** Add lines 1 through 24e	728,442.	443,473.	100,134.	184,835.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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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
Assets	1	Cash - non-interest-bearing	201,086.	1	220,883.
	2	Savings and temporary cash investments	414,178.	2	1,384.
	3	Pledges and grants receivable, net	153,386.	3	74,549.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	17,192.	9	18,486.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,722,502.			
	b	Less: accumulated depreciation — 10b: 451,007.	910,837.	10c	2,271,495.
	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	54,076.	15	4,076.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,750,755.	16	2,590,873.
Liabilities	17	Accounts payable and accrued expenses	33,624.	17	34,786.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	343,088.	23	601,502.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	376,712.	26	636,288.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	664,116.	27	1,954,585.
	28	Temporarily restricted net assets	709,927.	28	0.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,374,043.	33	1,954,585.
	34	Total liabilities and net assets/fund balances	1,750,755.	34	2,590,873.

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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	1,308,984.
2	Total expenses (must equal Part IX, column (A), line 25)	2	728,442.
3	Revenue less expenses. Subtract line 2 from line 1	3	580,542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,374,043.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,954,585.

Part XII Financial Statements and Reporting

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

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

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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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
THE PATH OF CITRUS COUNTY, INC

Employer identification number
59-3111520

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	462,659.	486,555.	446,712.	560,918.	675,677.	2632521.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	462,659.	486,555.	446,712.	560,918.	675,677.	2632521.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						2632521.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	462,659.	486,555.	446,712.	560,918.	675,677.	2632521.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,348.	1,766.	7,068.	9,116.	6,250.	25,548.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						2658069.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.04 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.24 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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 ▶ ☐

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

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 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).

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

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	PATRICIA MASSULLO 3244 W CASTLE PINES LOOP LECANTO, FL 34461	$ 80,080.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ARTHUR B. FAIRMAN TRUST PO BOX 2755 INVERNESS, FL 34451-2755	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	BRIAN AND MICHELLE LUDWICK 1548 ALAQUA DRIVE SEWICKILEY, PA 15143-9558	$ 24,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	KINGSBAY FINANCE LLC 511 SW 1 AVENUE CRYSTAL RIVER, FL 34429	$ 33,334.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	PUBLIX SUPERMARKET CHARITIES 3300 PUBLIX CORPORATION PKWY LAKELAND, FL 33811-3311	$ 29,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of organization THE PATH OF CITRUS COUNTY, INC

Employer identification number 59-3111520

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

2017

Open to Public Inspection

Name of the organization
THE PATH OF CITRUS COUNTY, INC

Employer identification number
59-3111520

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included in (a) 2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,565.		29,565.
b Buildings		2,387,641.	261,429.	2,126,212.
c Leasehold improvements				
d Equipment				
e Other		305,296.	189,578.	115,718.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,271,495.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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	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.

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.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* **for the latest instructions.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
DR. JOHN R FRANK - PO BOX 408, HANSVILLE, WA 98340	ORGANIZE THE CAPITAL CAMPAIGN		X	158,403.	36,000.	122,403.
Total ▶				158,403.	36,000.	122,403.

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.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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))
		BANQUET	APPEALS - MARION AND C	2	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	35,363.	122,267.	26,621.	184,251.
	2 Less: Contributions	35,363.	122,267.	26,621.	184,251.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.**

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization
THE PATH OF CITRUS COUNTY, INC

Employer identification number
59-3111520

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REHABILITATION FOR HOMELESS INDIVIDUALS IN CITRUS COUNTY, FLORIDA. THE ORGANIZATION OFFERS LONG-TERM STAYS AND ALLOWS THOSE SEEKING ASSISTANCE TO BE REINTEGRATED WITH SOCIETY AS PRODUCTIVE CITIZENS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JESUS CHRIST

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE PATH OF CITRUS COUNTY MAINTAINS AND OPERATES 2 HOUSES FOR MEN AND 1 HOUSE FOR WOMEN IN PROVIDING FOOD AND SHELTER FOR THE HOMELESS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON WWW.GUIDESTAR.ORG AND UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

AUTOMOBILE:

PROGRAM SERVICE EXPENSES	31,923.
MANAGEMENT AND GENERAL EXPENSES	2,506.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,429.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	16,059.
MANAGEMENT AND GENERAL EXPENSES	4,015.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,074.
TAXES, FEES & LICENSES:	
PROGRAM SERVICE EXPENSES	11,965.
MANAGEMENT AND GENERAL EXPENSES	2,345.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,310.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	8,895.
MANAGEMENT AND GENERAL EXPENSES	3,718.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,613.
FAMILY FACILITATION:	
PROGRAM SERVICE EXPENSES	6,650.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,650.
BANK & CREDIT CARD CHARGES:	
PROGRAM SERVICE EXPENSES	6,159.
MANAGEMENT AND GENERAL EXPENSES	489.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,648.
SHELTER SUPPLIES:	
PROGRAM SERVICE EXPENSES	5,544.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,544.
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,365.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,365.
LANDFILL:	
PROGRAM SERVICE EXPENSES	2,468.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,468.
OTHER:	
PROGRAM SERVICE EXPENSES	2,166.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,166.
IN-KIND EXPENSES:	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

PROGRAM SERVICE EXPENSES	2,051.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,051.
CHILDCARE:	
PROGRAM SERVICE EXPENSES	172.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	172.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	110,490.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	OTHER														
1	THRIFT STORE	09/01/05	SL	39.00	MM	17	425,967.				425,967.	123,330.		10,922.	134,252.
2	27 MELBOURNE	01/01/02	SL	39.00	MM	17	63,086.				63,086.	24,196.		1,618.	25,814.
3	TRACTOR	01/01/05	SL	5.00		16	2,100.				2,100.	2,100.		0.	2,100.
4	HOOKUP TO COUNTY WATER	03/31/08	SL	15.00	MQ	17	3,626.				3,626.	2,145.		242.	2,387.
5	REMODEL UPSTAIRS	12/31/08	SL	15.00	MQ	17	13,486.				13,486.	7,305.		899.	8,204.
6	TRAILER	03/03/08	SL	5.00		16	2,200.				2,200.	2,200.		0.	2,200.
7	TRAILER	03/03/08	SL	5.00		16	2,200.				2,200.	2,200.		0.	2,200.
8	(D)HP COLOR LASER PRINTER 9500HDN	06/30/08	SL	5.00		16	750.				750.	750.		0.	750.
9	(D)PHONE SYSTEM	09/01/08	SL	5.00		16	1,895.				1,895.	1,895.		0.	1,895.
10	WASHER	03/04/08	SL	5.00		16	1,475.				1,475.	1,475.		0.	1,475.
11	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
12	WASHER	03/04/08	SL	5.00		16	1,475.				1,475.	1,475.		0.	1,475.
13	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
14	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
15	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
16	REFRIDGERATOR	03/04/08	SL	5.00		16	736.				736.	736.		0.	736.
17	REFRIDGERATOR	03/04/08	SL	5.00		16	736.				736.	736.		0.	736.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
18	2 TON MITSUBISHI HEAT PUMP	11/12/08	SL	5.00		16	2,990.				2,990.	2,990.		0.	2,990.
19	3 TON HEATPUMP AND WATER HEATER	11/24/08	SL	5.00		16	5,610.				5,610.	5,610.		0.	5,610.
20	3 TON HEATPUMP AND WATER HEATER	11/24/08	SL	5.00		16	5,610.				5,610.	5,610.		0.	5,610.
21	TILE SHOWER - WOMENS	08/01/08	SL	15.00	MQ	17	5,105.				5,105.	2,850.		340.	3,190.
22	TILE MENS SHELTER	08/14/08	SL	5.00		16	6,120.				6,120.	6,120.		0.	6,120.
23	CABINETS & VANITY WOMENS	08/20/08	SL	15.00	MQ	17	2,231.				2,231.	1,245.		149.	1,394.
24	CABINETS & VANITY MENS	08/20/08	SL	15.00	MQ	17	2,231.				2,231.	1,245.		149.	1,394.
25	25 MELBOURNE	10/01/08	SL	39.00	MM	17	75,000.				75,000.	15,785.		1,923.	17,708.
26	100 GALLON WATER TANK	11/24/08	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
27	LAND - 1 ACRE INVERNESS	11/15/04	L	.000			2,000.				2,000.			0.	
28	17KW GENERATOR	01/27/09	SL	5.00		16	8,289.				8,289.	8,289.		0.	8,289.
29	12X12 SHED	08/27/09	SL	5.00		16	2,503.				2,503.	2,503.		0.	2,503.
30	10X20 SHED	08/27/09	SL	5.00		16	3,155.				3,155.	3,155.		0.	3,155.
31	GP17500 PORTABLE GENERATOR	07/23/09	SL	5.00		16	2,585.				2,585.	2,585.		0.	2,585.
32	DOUBLE PANED WINDOWS 25 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,934.			967.	967.	475.		64.	539.
33	DOUBLE PANED WINDOWS 27 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,953.			977.	976.	480.		65.	545.
34	DOUBLE PANED WINDOWS 29 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,066.			533.	533.	262.		36.	298.
35	NEW ROOF 27 S MELBOURNE	10/28/09	SL	15.00	MQ	17	5,650.			2,825.	2,825.	1,342.		188.	1,530.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
36	NEW ROOF 29 S MELBOURNE	10/28/09	SL	15.00	MQ	17	5,650.			2,825.	2,825.	1,342.		188.	1,530.
37	23 MELBOURNE ST	08/27/10	SL	39.00	MM	17	40,370.				40,370.	6,599.		1,035.	7,634.
38	PLAYGROUND EQUIPMENT	11/08/10	SL	10.00		21	4,389.				4,389.	2,706.		439.	3,145.
39	DUNNELLON THRIFT STORE	10/29/10	SL	39.00	MM	17	186,590.				186,590.	29,703.		4,784.	34,487.
40	HARRIS PROPERTY IMPROVEMENTS	02/07/11	SL	15.00		16	1,700.				1,700.	671.		113.	784.
41	HARRIS PROPERTY POLE BARN	08/22/11	SL	10.00		16	8,495.				8,495.	4,531.		850.	5,381.
42	BLACKBAUD DONOR TRACKING SOFTWARE	06/03/11	SL	5.00		16	3,007.				3,007.	3,007.		0.	3,007.
43	21 S. MELBOURNE HOUSE - LAND	05/15/12	L	.000			20,625.				20,625.			0.	
44	21 S. MELBOURNE HOUSE	05/15/12	SL	39.00	MM	17	51,375.				51,375.	6,093.		1,317.	7,410.
45	(D)FORD 3500 TRACTOR W/ BUCKET	10/04/12	SL	5.00		16	3,500.				3,500.	2,975.		525.	3,500.
46	1987 LUFKIN TRAILER	10/03/12	SL	5.00		16	2,879.				2,879.	2,447.		432.	2,879.
47	(D)2002 FORD VIN: 1FDAF565F02EC58581	02/07/12	SL	5.00		21	4,500.				4,500.	4,425.		75.	4,500.
48	375 SQ. FT. OF DRAINFIELD FOR 23 MELBOURNE	08/13/12	SL	15.00		16	2,550.				2,550.	751.		170.	921.
49	3 TON 13 SEER HEAT PUMT AND DUCTWORK AND INSTALLATION	09/25/12	SL	10.00		16	5,795.				5,795.	2,463.		580.	3,043.
50	CERAMIC TILE - LIVING, BEDROOM, LAUNDRY, SHOWER - F	09/25/12	SL	15.00		16	2,970.				2,970.	841.		198.	1,039.
51	NEW PANEL ON 21 MELBOURNE	11/08/12	SL	15.00		16	1,200.				1,200.	333.		80.	413.
52	TUBE WARP FLUORESCENT FIXTRUES, LAMP, AND BATH FAN	11/30/12	SL	5.00		16	1,056.				1,056.	862.		194.	1,056.
53	(D) NEW TELEPHONE SYSTEMNEC SL1100 12 BUTTON LCD @ 21 ME	11/19/12	SL	10.00		16	4,354.				4,354.	1,778.		435.	2,213.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
54	(D)SECURITY CAMERA INSTALL - 16 CHANNLE DVR W/ 1 TB HARD	12/26/12	SL	7.00		16	4,975.				4,975.	2,843.		711.	3,554.
55	COMPUTER SOFTWARE	07/05/12	SL	3.00		16	698.				698.	698.		0.	698.
56	2005 TOWN & COUNTRY VAN	03/07/13	SL	5.00		21	9,500.				9,500.	7,283.		1,900.	9,183.
57	GAZEBO	05/07/13	SL	15.00		16	3,000.				3,000.	733.		200.	933.
58	TRAILER	04/23/13	SL	7.00		16	1,897.				1,897.	994.		271.	1,265.
59	CAMERA SYSTEM	03/11/13	SL	5.00		16	2,093.				2,093.	1,605.		419.	2,024.
60	LAND 31 S MELBOURNE ST	06/18/13	L	.000			6,940.				6,940.			0.	
61	BUILDING 31 S. MELBOURNE ST	06/18/13	SL	39.00	MM	17	62,461.				62,461.	5,672.		1,602.	7,274.
62	PHONE AND COMPUTER CABLE UPGRADE	12/31/13	SL	5.00		16	5,293.				5,293.	3,176.		1,059.	4,235.
63	OFFICE ELECTRIC PANEL UPGRADE	01/05/13	SL	10.00		16	1,200.				1,200.	480.		120.	600.
64	FLOORING - ACCENT CARPET & TILE	06/30/13	SL	10.00		16	2,601.				2,601.	910.		260.	1,170.
65	FENCE	05/02/13	SL	15.00		16	3,491.				3,491.	853.		233.	1,086.
66	CONNEX CONTAINER	06/14/14	SL	7.00		16	2,590.				2,590.	956.		370.	1,326.
67	DUMP TRAILER	06/14/14	SL	7.00		16	3,500.				3,500.	1,292.		500.	1,792.
68	FORD 350 PICK UP TRUCK	04/30/14	SL	5.00		16	10,381.				10,381.	5,537.		2,076.	7,613.
69	BEACON A/C	04/25/14	SL	39.00	MM	16	4,023.				4,023.	275.		103.	378.
70	LARGE SCREEN TV	05/05/14	SL	5.00		16	1,170.				1,170.	624.		234.	858.
71	(D)CAMERAS	06/09/14	SL	5.00		16	1,034.				1,034.	534.		207.	741.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
72	SIGN	04/07/14	SL	7.00		16	1,095.				1,095.	430.		156.	586.
73	MERCURY MONTEREY VAN	11/05/14	SL	5.00		21	9,080.				9,080.	3,935.		1,816.	5,751.
74	FORD BOX TRUCK 2004 16'	02/01/07	SL	5.00		21	20,000.				20,000.	20,000.		0.	20,000.
75	(D)2002 CHEVY VENTURE PASSENGER VAN	05/01/14	SL	5.00		21	1,900.				1,900.	1,013.		380.	1,393.
76	DANNY LEN VAN 2004 NISSAN QUEST	10/09/15	SL	5.00		21	8,000.				8,000.	2,000.		1,600.	3,600.
77	AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY	11/07/15	SL	5.00		21	8,000.				8,000.	1,867.		1,600.	3,467.
78	COMPUTER SOFTWARE	05/20/15	SL	3.00		16	1,824.				1,824.	963.		608.	1,571.
79	CREDIT CARD MACHINE	09/30/15	SL	5.00		16	1,000.				1,000.	250.		200.	450.
80	CARPORT	06/05/15	SL	10.00		16	2,413.				2,413.	382.		241.	623.
81	CREDIT CARD MACHINE	09/30/15	SL	5.00		16	1,000.				1,000.	250.		200.	450.
82	HARRIS PROPERTY IMPROVEMENTS	12/31/15	SL	10.00		16	2,206.				2,206.	221.		221.	442.
83	CARPORT	06/15/15	SL	10.00		16	3,944.				3,944.	624.		394.	1,018.
84	MOTEL	12/31/17	SL	39.00	MM	19	1,419,186.				1,419,186.			1,516.	1,516.
85	DUNNELLON STORE ROOF	11/09/16	SL	15.00	MQ	17	5,833.			2,916.	2,917.	25.		194.	219.
86	A/C SYSTEM - 31 S MELBOURNE ST	09/26/16	SL	5.00		16	4,274.				4,274.	214.		855.	1,069.
87	SHED	02/15/16	SL	5.00		16	4,800.				4,800.	880.		960.	1,840.
88	4X4, GEAR TRANS, ROPS, R4 TIRES	05/20/16	SL	5.00		16	21,199.				21,199.	2,473.		4,240.	6,713.
89	FRONT LOADER	05/20/16	SL	5.00		16	5,160.				5,160.	602.		1,032.	1,634.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
90	4X4, ORANGE, HST, HWDS TIRES	05/20/16	SL	5.00		16	9,200.				9,200.	1,073.		1,840.	2,913.
91	ZERO TURN MOWER	05/20/16	SL	5.00		16	7,499.				7,499.	875.		1,500.	2,375.
92	REAR BAGGER AND WEIGHTS	05/20/16	SL	5.00		16	2,572.				2,572.	300.		514.	814.
93	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	34.		58.	92.
94	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	34.		58.	92.
95	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	34.		58.	92.
96	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	34.		58.	92.
97	37CC 16" CHAIN SAW	05/20/16	SL	5.00		16	280.				280.	33.		56.	89.
98	37CC 16" CHAIN SAW	05/20/16	SL	5.00		16	280.				280.	33.		56.	89.
99	59CC 20" CHAIN SAW	05/20/16	SL	5.00		16	400.				400.	47.		80.	127.
100	58" TILLER	05/20/16	SL	5.00		16	2,250.				2,250.	263.		450.	713.
101	2007 TOWN & COUNTRY	01/01/15	SL	5.00		16	5,500.				5,500.	2,200.		1,100.	3,300.
102	29 S MELBOURNE ST	02/01/01	SL	39.00	MM	17	33,000.				33,000.	13,433.		846.	14,279.
103	(D)LAND - W GRANT STREET	12/21/16	L	.000			18,000.				18,000.			0.	
104	NEW SHED	06/07/17	SL	7.00		16	6,157.				6,157.			513.	513.
105	BATHROOM IMPROVEMENTS	03/02/17	SL	15.00		16	13,053.				13,053.			725.	725.
106	SECURITY SYSTEM	08/09/17	SL	5.00		16	1,733.				1,733.			144.	144.
107	REFRIGERATOR	11/03/17	SL	7.00		16	3,049.				3,049.			73.	73.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
108	FARM EQUIPMENT-BUSH HOG	09/08/17	SL	7.00		16	1,000.				1,000.			48.	48.
109	PRINTER	12/31/17	SL	5.00		16	545.				545.			0.	
110	HAND PROPELLED TILLER	08/09/17	SL	5.00		16	1,050.				1,050.			87.	87.
	* 990 PAGE 10 TOTAL OTHER						2,763,414.			11,043.	2,752,371.	395,759.		62,752.	458,511.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,763,414.			11,043.	2,752,371.	395,759.		62,752.	458,511.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,317,641.			11,043.	1,306,598.	395,759.			455,405.
	ACQUISITIONS						1,445,773.			0.	1,445,773.	0.			3,106.
	DISPOSITIONS						40,908.			0.	40,908.	16,213.			18,546.
	ENDING BALANCE						2,722,506.			11,043.	2,711,463.	379,546.			439,965.
	ENDING ACCUM DEPR LESS DISPOSITIONS											451,008.			
	ENDING BOOK VALUE											2,271,498.			

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE PATH OF CITRUS COUNTY, INC	FORM 990 PAGE 10	59-3111520

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	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2018. 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.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,865.

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 2017	17	26,561.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	12 /17	1,419,186.	39 yrs.	MM	S/L	1,516.
		/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	7,810.
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	62,752.
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	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No **24b** If "Yes," is the evidence written? [X] 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						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
STATEMENT 1		%					7,810.	
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**	7,810.	
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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year	SEE PART V STATEMENT											
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

	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?		

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 2017 tax year:					
43 Amortization of costs that began before your 2017 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

THE PATH OF CITRUS COUNTY, INC 59-3111520

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
PLAYGROUND EQUIPMENT	11/08/10	100.00	4,389.	4,389.	10.0	SL -HY	439.	
2002 FORD VIN: 1FDAF565F02EC58581	02/07/12	100.00	4,500.	4,500.	5.00	SL -HY	75.	
2005 TOWN & COUNTRY VAN	03/07/13	100.00	9,500.	9,500.	5.00	SL -HY	1,900.	
MERCURY MONTEREY VAN	11/05/14	100.00	9,080.	9,080.	5.00	SL -HY	1,816.	
FORD BOX TRUCK 2004 16'	02/01/07	100.00	20,000.	20,000.	5.00	SL -HY		
2002 CHEVY VENTURE PASSENGER VAN	05/01/14	100.00	1,900.	1,900.	5.00	SL -HY	380.	
DANNY LEN VAN 2004 NISSAN QUEST	10/09/15	100.00	8,000.	8,000.	5.00	SL -HY	1,600.	
AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY	11/07/15	100.00	8,000.	8,000.	5.00	SL -HY	1,600.	
TOTAL TO FORM 4562, PART V, LINE 26							7,810.	

(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y	(O) N	(P) > 5% OWNER? Y	(P) N	(Q) ANOTHER VEH. AVAILABLE? Y	(Q) N
PLAYGROUND EQUIPMENT										
2002 FORD VIN: 1FDAF565F02EC58581										
2005 TOWN & COUNTRY VAN										
MERCURY MONTEREY VAN										
FORD BOX TRUCK 2004 16'										
2002 CHEVY VENTURE PASSENGER VAN										
DANNY LEN VAN 2004 NISSAN QUEST										
AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY										

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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 for the latest information.**

OMB No. 1545-1709

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.*

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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number Employer identification number (EIN) or
	THE PATH OF CITRUS COUNTY, INC	59-3111520
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3024	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INVERNESS, FL 34451	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DUWAYNE SIPPER 31 S MELBOURNE - BEVERLY HILLS, FL 34465
  Telephone No. ▶ (352) 527-6500 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2018 or
▶ ☐ tax year beginning _____, and ending _____.

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

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2019)

823841 12-19-18

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

THE PATH OF CITRUS COUNTY, INC 59-3111520

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
PLAYGROUND EQUIPMENT	11/08/10	100.00	4,389.	4,389.	10.0	SL	439.	
2005 TOWN & COUNTRY VAN	03/07/13	100.00	9,500.	9,500.	5.00	SL	317.	
MERCURY MONTEREY VAN	11/05/14	100.00	9,080.	9,080.	5.00	SL	1,816.	
FORD BOX TRUCK 2004 16'	02/01/07	100.00	20,000.	20,000.	5.00	SL		
DANNY LEN VAN 2004 NISSAN QUEST	10/09/15	100.00	8,000.	8,000.	5.00	SL	1,600.	
AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY	11/07/15	100.00	8,000.	8,000.	5.00	SL	1,600.	
TOTAL TO FORM 4562, PART V, LINE 26							5,772.	

(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N
PLAYGROUND EQUIPMENT						-HY	
2005 TOWN & COUNTRY VAN						-HY	
MERCURY MONTEREY VAN						-HY	
FORD BOX TRUCK 2004 16'						-HY	
DANNY LEN VAN 2004 NISSAN QUEST						-HY	
AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY						-HY	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] 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						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
STATEMENT 1		%					5,772.	
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	5,772.	
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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year	SEE PART V STATEMENT											
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	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?		

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 2018 tax year:					
43 Amortization of costs that began before your 2018 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE PATH OF CITRUS COUNTY, INC	FORM 990 PAGE 10	59-3111520

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	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5		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 2019. 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.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	31,347.

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 2018	17	62,950.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2018 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	5,772.
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	100,069.
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	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
108	MOTEL SIGN	02/07/18	SL	7.00		16	1,078.				1,078.			141.	141.
109	A/C UNIT	04/04/18	SL	7.00		16	3,443.				3,443.			369.	369.
	* 990 PAGE 10 TOTAL OTHER						2,777,041.			11,043.	2,765,998.	439,965.		100,069.	540,034.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,777,041.			11,043.	2,765,998.	439,965.		100,069.	540,034.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,722,506.			11,043.	2,711,463.	439,965.			532,649.
	ACQUISITIONS						54,535.			0.	54,535.	0.			7,385.
	DISPOSITIONS						5,500.			0.	5,500.	3,300.			3,300.
	ENDING BALANCE						2,771,541.			11,043.	2,760,498.	436,665.			536,734.
	ENDING ACCUM DEPR LESS DISPOSITIONS											547,777.			
	ENDING BOOK VALUE											2,223,764.			

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
90	37CC 16" CHAIN SAW	05/20/16	SL	5.00		16	280.				280.	89.		56.	145.
91	59CC 20" CHAIN SAW	05/20/16	SL	5.00		16	400.				400.	127.		80.	207.
92	58" TILLER	05/20/16	SL	5.00		16	2,250.				2,250.	713.		450.	1,163.
93	(D)2007 TOWN & COUNTRY	01/01/15	SL	5.00		16	5,500.				5,500.	3,300.		0.	3,300.
94	29 S MELBOURNE ST	02/01/01	SL	39.00	MM	17	33,000.				33,000.	14,279.		846.	15,125.
95	NEW SHED	06/07/17	SL	7.00		16	6,157.				6,157.	513.		880.	1,393.
96	BATHROOM IMPROVEMENTS	03/02/17	SL	15.00		16	13,053.				13,053.	725.		870.	1,595.
97	SECURITY SYSTEM	08/09/17	SL	5.00		16	1,733.				1,733.	144.		347.	491.
98	REFRIGERATOR	11/03/17	SL	7.00		16	3,049.				3,049.	73.		436.	509.
99	PHONE SYSTEM	03/26/18	SL	5.00		16	3,874.				3,874.			581.	581.
100	FARM EQUIPMENT-BUSH HOG	09/08/17	SL	7.00		16	1,000.				1,000.	48.		143.	191.
101	PRINTER	12/31/17	SL	5.00		16	545.				545.			109.	109.
102	HAND PROPELLED TILLER	08/09/17	SL	5.00		16	1,050.				1,050.	87.		210.	297.
103	2016 CHRYSLER TOWN & COUNTRY	01/01/18	SL	5.00		16	19,699.				19,699.			3,940.	3,940.
104	WATER SYSTEM	04/04/18	SL	10.00		16	10,850.				10,850.			814.	814.
105	SHED	01/23/18	SL	7.00		16	1,500.				1,500.			196.	196.
106	A/C UNIT	01/19/18	SL	7.00		16	5,135.				5,135.			672.	672.
107	ROOF	04/04/18	SL	10.00		16	8,956.				8,956.			672.	672.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
72	CARPORT	06/05/15	SL	10.00		16	2,413.				2,413.	623.		241.	864.
73	CREDIT CARD MACHINE	09/30/15	SL	5.00		16	1,000.				1,000.	450.		200.	650.
74	HARRIS PROPERTY IMPROVEMENTS	12/31/15	SL	10.00		16	2,206.				2,206.	441.		221.	662.
75	CARPORT	06/15/15	SL	10.00		16	3,944.				3,944.	1,019.		394.	1,413.
76	MOTEL	12/31/17	SL	39.00	MM	17	1,419,186.				1,419,186.	1,516.		36,389.	37,905.
77	DUNNELLON STORE ROOF	11/09/16	SL	15.00	MQ	17	5,833.			2,916.	2,917.	219.		194.	413.
78	A/C SYSTEM - 31 S MELBOURNE ST	09/26/16	SL	5.00		16	4,274.				4,274.	1,069.		855.	1,924.
79	SHED	02/15/16	SL	5.00		16	4,800.				4,800.	1,840.		960.	2,800.
80	4X4, GEAR TRANS, ROPS, R4 TIRES	05/20/16	SL	5.00		16	21,199.				21,199.	6,713.		4,240.	10,953.
81	FRONT LOADER	05/20/16	SL	5.00		16	5,160.				5,160.	1,634.		1,032.	2,666.
82	4X4, ORANGE, HST, HWDS TIRES	05/20/16	SL	5.00		16	9,200.				9,200.	2,913.		1,840.	4,753.
83	ZERO TURN MOWER	05/20/16	SL	5.00		16	7,499.				7,499.	2,375.		1,500.	3,875.
84	REAR BAGGER AND WEIGHTS	05/20/16	SL	5.00		16	2,572.				2,572.	814.		514.	1,328.
85	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	92.		58.	150.
86	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	92.		58.	150.
87	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	92.		58.	150.
88	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	92.		58.	150.
89	37CC 16" CHAIN SAW	05/20/16	SL	5.00		16	280.				280.	89.		56.	145.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
54	LAND 31 S MELBOURNE ST	06/18/13	L	.000			6,940.				6,940.			0.	
55	BUILDING 31 S. MELBOURNE ST	06/18/13	SL	39.00	MM	17	62,461.				62,461.	7,274.		1,602.	8,876.
56	PHONE AND COMPUTER CABLE UPGRADE	12/31/13	SL	5.00		16	5,293.				5,293.	4,234.		1,059.	5,293.
57	OFFICE ELECTRIC PANEL UPGRADE	01/05/13	SL	10.00		16	1,200.				1,200.	600.		120.	720.
58	FLOORING - ACCENT CARPET & TILE	06/30/13	SL	10.00		16	2,601.				2,601.	1,170.		260.	1,430.
59	FENCE	05/02/13	SL	15.00		16	3,491.				3,491.	1,086.		233.	1,319.
60	CONNEX CONTAINER	06/14/14	SL	7.00		16	2,590.				2,590.	1,326.		370.	1,696.
61	DUMP TRAILER	06/14/14	SL	7.00		16	3,500.				3,500.	1,792.		500.	2,292.
62	FORD 350 PICK UP TRUCK	04/30/14	SL	5.00		16	10,381.				10,381.	7,613.		2,076.	9,689.
63	BEACON A/C	04/25/14	SL	39.00	MM	16	4,023.				4,023.	378.		103.	481.
64	LARGE SCREEN TV	05/05/14	SL	5.00		16	1,170.				1,170.	858.		234.	1,092.
65	SIGN	04/07/14	SL	7.00		16	1,095.				1,095.	587.		156.	743.
66	MERCURY MONTEREY VAN	11/05/14	SL	5.00		21	9,080.				9,080.	5,751.		1,816.	7,567.
67	FORD BOX TRUCK 2004 16'	02/01/07	SL	5.00		21	20,000.				20,000.	20,000.		0.	20,000.
68	DANNY LEN VAN 2004 NISSAN QUEST	10/09/15	SL	5.00		21	8,000.				8,000.	3,600.		1,600.	5,200.
69	AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY	11/07/15	SL	5.00		21	8,000.				8,000.	3,467.		1,600.	5,067.
70	COMPUTER SOFTWARE	05/20/15	SL	3.00		16	1,824.				1,824.	1,571.		253.	1,824.
71	CREDIT CARD MACHINE	09/30/15	SL	5.00		16	1,000.				1,000.	450.		200.	650.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Packet Pg. 430

B.1.f

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2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
36	PLAYGROUND EQUIPMENT	11/08/10	SL	10.00		21	4,389.				4,389.	3,145.		439.	3,584.
37	DUNNELLON THRIFT STORE	10/29/10	SL	39.00	MM	17	186,590.				186,590.	34,487.		4,784.	39,271.
38	HARRIS PROPERTY IMPROVEMENTS	02/07/11	SL	15.00		16	1,700.				1,700.	784.		113.	897.
39	HARRIS PROPERTY POLE BARN	08/22/11	SL	10.00		16	8,495.				8,495.	5,380.		850.	6,230.
40	BLACKBAUD DONOR TRACKING SOFTWARE	06/03/11	SL	5.00		16	3,007.				3,007.	3,007.		0.	3,007.
41	21 S. MELBOURNE HOUSE - LAND	05/15/12	L	.000			20,625.				20,625.			0.	
42	21 S. MELBOURNE HOUSE	05/15/12	SL	39.00	MM	17	51,375.				51,375.	7,410.		1,317.	8,727.
43	1987 LUFKIN TRAILER	10/03/12	SL	5.00		16	2,879.				2,879.	2,879.		0.	2,879.
44	375 SQ. FT. OF DRAINFIELD FOR 23 MELBOURNE	08/13/12	SL	15.00		16	2,550.				2,550.	921.		170.	1,091.
45	3 TON 13 SEER HEAT PUMT AND DUCTWORK AND INSTALLATION	09/25/12	SL	10.00		16	5,795.				5,795.	3,042.		580.	3,622.
46	CERAMIC TILE - LIVING, BEDROOM, LAUNDRY, SHOWER - F	09/25/12	SL	15.00		16	2,970.				2,970.	1,039.		198.	1,237.
47	NEW PANEL ON 21 MELBOURNE	11/08/12	SL	15.00		16	1,200.				1,200.	413.		80.	493.
48	TUBE WARP FLUORESCENT FIXTRUES, LAMP, AND BATH FAN	11/30/12	SL	5.00		16	1,056.				1,056.	1,056.		0.	1,056.
49	COMPUTER SOFTWARE	07/05/12	SL	3.00		16	698.				698.	698.		0.	698.
50	2005 TOWN & COUNTRY VAN	03/07/13	SL	5.00		21	9,500.				9,500.	9,183.		317.	9,500.
51	GAZEBO	05/07/13	SL	15.00		16	3,000.				3,000.	933.		200.	1,133.
52	TRAILER	04/23/13	SL	7.00		16	1,897.				1,897.	1,265.		271.	1,536.
53	CAMERA SYSTEM	03/11/13	SL	5.00		16	2,093.				2,093.	2,024.		70.	2,094.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Packet Pg. 431

B.1.f

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
18	3 TON HEATPUMP AND WATER HEATER	11/24/08	SL	5.00		16	5,610.				5,610.	5,610.		0.	5,610.
19	TILE SHOWER - WOMENS	08/01/08	SL	15.00	MQ	17	5,105.				5,105.	3,191.		340.	3,531.
20	TILE MENS SHELTER	08/14/08	SL	5.00		16	6,120.				6,120.	6,120.		0.	6,120.
21	CABINETS & VANITY WOMENS	08/20/08	SL	15.00	MQ	17	2,231.				2,231.	1,394.		149.	1,543.
22	CABINETS & VANITY MENS	08/20/08	SL	15.00	MQ	17	2,231.				2,231.	1,394.		149.	1,543.
23	25 MELBOURNE	10/01/08	SL	39.00	MM	17	75,000.				75,000.	17,708.		1,923.	19,631.
24	100 GALLON WATER TANK	11/24/08	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
25	LAND - 1 ACRE INVERNESS	11/15/04	L	.000			2,000.				2,000.			0.	
26	17KW GENERATOR	01/27/09	SL	5.00		16	8,289.				8,289.	8,289.		0.	8,289.
27	12X12 SHED	08/27/09	SL	5.00		16	2,503.				2,503.	2,503.		0.	2,503.
28	10X20 SHED	08/27/09	SL	5.00		16	3,155.				3,155.	3,155.		0.	3,155.
29	GP17500 PORTABLE GENERATOR	07/23/09	SL	5.00		16	2,585.				2,585.	2,585.		0.	2,585.
30	DOUBLE PANED WINDOWS 25 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,934.			967.	967.	540.		64.	604.
31	DOUBLE PANED WINDOWS 27 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,953.			977.	976.	545.		65.	610.
32	DOUBLE PANED WINDOWS 29 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,066.			533.	533.	298.		36.	334.
33	NEW ROOF 27 S MELBOURNE	10/28/09	SL	15.00	MQ	17	5,650.			2,825.	2,825.	1,530.		188.	1,718.
34	NEW ROOF 29 S MELBOURNE	10/28/09	SL	15.00	MQ	17	5,650.			2,825.	2,825.	1,530.		188.	1,718.
35	23 MELBOURNE ST	08/27/10	SL	39.00	MM	17	40,370.				40,370.	7,634.		1,035.	8,669.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Packet Pg. 432

B.1.f

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	OTHER														
1	THRIFT STORE	09/01/05	SL	39.00	MM	17	425,967.				425,967.	134,252.		10,922.	145,174.
2	27 MELBOURNE	01/01/02	SL	39.00	MM	17	63,086.				63,086.	25,814.		1,618.	27,432.
3	TRACTOR	01/01/05	SL	5.00		16	2,100.				2,100.	2,100.		0.	2,100.
4	HOOKUP TO COUNTY WATER	03/31/08	SL	15.00	MQ	17	3,626.				3,626.	2,387.		242.	2,629.
5	REMODEL UPSTAIRS	12/31/08	SL	15.00	MQ	17	13,486.				13,486.	8,204.		899.	9,103.
6	TRAILER	03/03/08	SL	5.00		16	2,200.				2,200.	2,200.		0.	2,200.
7	TRAILER	03/03/08	SL	5.00		16	2,200.				2,200.	2,200.		0.	2,200.
8	WASHER	03/04/08	SL	5.00		16	1,475.				1,475.	1,475.		0.	1,475.
9	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
10	WASHER	03/04/08	SL	5.00		16	1,475.				1,475.	1,475.		0.	1,475.
11	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
12	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
13	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
14	REFRIDGERATOR	03/04/08	SL	5.00		16	736.				736.	736.		0.	736.
15	REFRIDGERATOR	03/04/08	SL	5.00		16	736.				736.	736.		0.	736.
16	2 TON MITSUBISHI HEAT PUMP	11/12/08	SL	5.00		16	2,990.				2,990.	2,990.		0.	2,990.
17	3 TON HEATPUMP AND WATER HEATER	11/24/08	SL	5.00		16	5,610.				5,610.	5,610.		0.	5,610.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Packet Pg. 433

B.1.f

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

PROGRAM SERVICE EXPENSES	1,396.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,396.
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,205.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,205.
CHILDCARE:	
PROGRAM SERVICE EXPENSES	570.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	570.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	124,341.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	1.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,291.
BANK & CREDIT CARD CHARGES:	
PROGRAM SERVICE EXPENSES	6,649.
MANAGEMENT AND GENERAL EXPENSES	313.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,962.
SHELTER SUPPLIES:	
PROGRAM SERVICE EXPENSES	6,787.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,787.
LANDFILL:	
PROGRAM SERVICE EXPENSES	4,972.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,972.
OTHER:	
PROGRAM SERVICE EXPENSES	3,452.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,452.
IN-KIND EXPENSES:	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

FAMILY FACILITATION:	
PROGRAM SERVICE EXPENSES	17,613.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,613.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	10,567.
MANAGEMENT AND GENERAL EXPENSES	4,005.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,572.
STORE SUPPLIES:	
PROGRAM SERVICE EXPENSES	12,457.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,457.
REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	8,296.
MANAGEMENT AND GENERAL EXPENSES	2,074.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,370.
TAXES, FEES & LICENSES:	
PROGRAM SERVICE EXPENSES	8,381.
MANAGEMENT AND GENERAL EXPENSES	1,910.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REHABILITATION FOR HOMELESS INDIVIDUALS IN CITRUS COUNTY, FLORIDA. THE ORGANIZATION OFFERS LONG-TERM STAYS AND ALLOWS THOSE SEEKING ASSISTANCE TO BE REINTEGRATED WITH SOCIETY AS PRODUCTIVE CITIZENS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JESUS CHRIST

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE PATH OF CITRUS COUNTY MAINTAINS AND OPERATES 2 HOUSES FOR MEN AND 1 HOUSE FOR WOMEN IN PROVIDING FOOD AND SHELTER FOR THE HOMELESS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON WWW.GUIDESTAR.ORG AND UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

FARM:

PROGRAM SERVICE EXPENSES	33,694.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,694.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supplemental Information *(continued)*

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 BANQUET (event type)	(b) Event #2 APPEALS - MARION AND C (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	54,529.	116,741.	24,133.	195,403.
	2 Less: Contributions	54,529.	116,741.	24,133.	195,403.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
DR. JOHN R FRANK - PO BOX 408, HANSVILLE, WA 98340	ORGANIZE THE CAPITAL CAMPAIGN		X	349,825.	20,000.	329,825.
Total ▶				349,825.	20,000.	329,825.

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.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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	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.

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.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,565.		29,565.
b Buildings		2,596,743.	311,291.	2,285,452.
c Leasehold improvements				
d Equipment				
e Other		298,839.	236,485.	62,354.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,377,371.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

2018

Open to Public Inspection

Name of the organization
THE PATH OF CITRUS COUNTY, INC

Employer identification number
59-3111520

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

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

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

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Name of organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

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

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

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Name of organization: THE PATH OF CITRUS COUNTY, INC

Employer identification number: 59-3111520

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	ARTHUR B. FAIRMAN TRUST PO BOX 2755 INVERNESS, FL 34451-2755	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	KINGSBAY FINANCE LLC 511 SW 1 AVENUE CRYSTAL RIVER, FL 34429	$ 33,334.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	REFLECTIONS CHURCH 9757 N CITRUS SPRING BLVD CITRUS SPRINGS, FL 34434	$ 20,155.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	KATHY BELMONT 2022 FOREST DR INVERNESS, FL 34453	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

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 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).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

7 ☐ 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 IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 ▶ ☐

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	486,555.	446,712.	560,918.	675,677.	858,248.	3028110.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	486,555.	446,712.	560,918.	675,677.	858,248.	3028110.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						3028110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	486,555.	446,712.	560,918.	675,677.	858,248.	3028110.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,766.	7,068.	9,116.	6,250.	3,060.	27,260.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3055370.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.11 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.04 %

16a **33 1/3% support test - 2018.** 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 - 2017.** 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 - 2018.** 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 - 2017.** 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 ▶ ☐

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
THE PATH OF CITRUS COUNTY, INC	59-3111520

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,140,089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	798,569.
3	Revenue less expenses. Subtract line 2 from line 1	3	341,520.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,954,585.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,296,106.

Part XII Financial Statements and Reporting

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

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

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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
Assets	1	Cash - non-interest-bearing		220,883.	1	288,915.
	2	Savings and temporary cash investments		1,384.	2	129,397.
	3	Pledges and grants receivable, net		74,549.	3	75,560.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		18,486.	9	26,116.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,925,147.			
	b	Less: accumulated depreciation	10b 547,776.	2,271,495.	10c	2,377,371.
	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		4,076.	15	4,776.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,590,873.	16	2,902,135.
Liabilities	17	Accounts payable and accrued expenses		34,786.	17	40,719.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		601,502.	23	565,310.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		636,288.	26	606,029.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,954,585.	27	2,296,106.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,954,585.	33	2,296,106.
	34	Total liabilities and net assets/fund balances		2,590,873.	34	2,902,135.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,000.	7,650.	32,350.	
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	153,177.	153,177.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	17,561.	14,856.	2,705.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,844.		5,844.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	20,000.			20,000.
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.)				
12 Advertising and promotion	1,420.	1,420.		
13 Office expenses	15,633.		15,633.	
14 Information technology				
15 Royalties				
16 Occupancy	6,600.	6,600.		
17 Travel	3,628.	3,628.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,788.	9,788.		
20 Interest	14,432.	14,432.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,069.	80,996.	19,073.	
23 Insurance	29,255.	24,168.	5,087.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING	148,049.			148,049.
b UTILITIES	39,494.	39,494.		
c AUTOMOBILE	35,212.	32,721.	2,491.	
d POSTAGE PRINTING & SHIP	34,066.	32,071.	1,995.	
e All other expenses SEE SCH O	124,341.	114,834.	9,507.	
25 **Total functional expenses.** Add lines 1 through 24e	798,569.	535,835.	94,685.	168,049.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	195,403.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	42,057.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	664,241.			
	g Noncash contributions included in lines 1a-1f: $ 1,396.					
	h Total. Add lines 1a-1f		901,701.			
Program Service Revenue		Business Code				
	2a SHELTER	721310	174,485.	174,485.		
	b FARM	110000	54,367.	54,367.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		228,852.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,060.	3,060.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		500.			
	b Less: cost or other basis and sales expenses		2,200.			
	c Gain or (loss)		-1,700.			
	d Net gain or (loss)			-1,700.	-1,700.	
	8a Gross income from fundraising events (not including $ 195,403. of contributions reported on line 1c). See Part IV, line 18	a	0.			
	b Less: direct expenses	b	0.			
	c Net income or (loss) from fundraising events			0.		
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS RECEIPTS	624200	8,176.	8,176.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		8,176.			
	12 Total revenue. See instructions		1,140,089.	238,388.	0.	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								40,000.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								40,000.	0.	0.

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

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

Section B. Independent Contractors

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART GREEN PRESIDENT	1.00	X		X				0.	0.	0.
(2) CONNIE LOBEL DIRECTOR	1.00	X		X				0.	0.	0.
(3) MARIA CONVERSE SECRETARY	1.00	X		X				0.	0.	0.
(4) LES COOK TREASURER	1.00	X		X				0.	0.	0.
(5) DUWAYNE SIPPER EXECUTIVE DIRECTOR	50.00	X						40,000.	0.	0.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

DUWAYNE SIPPER - (352) 527-6500

31 S MELBOURNE, BEVERLY HILLS, FL 34465

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ...	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) ...			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? ...	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* ...	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ...	4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ...	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ...	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ...	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ...	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ...	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ...	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ...	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ... 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ...	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ...	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ...	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966? ...	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ...	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ... 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders ... 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ... 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ... 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? ...	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ... 13b			
c	Enter the amount of reserves on hand ... 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? ...	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* ...	14b		
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

Form **990** (201

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 LAY A FOUNDATION THAT WILL SPREAD THE GOSPEL TO THOSE WHO ARE HOMELESS AND HAVE POOR FUNDAMENTALS FOR LIVING IN THE WORLD TODAY. TO MEET THE NEEDS OF THOSE INDIVIDUALS FOR FOOD, SHELTER, AND EMERGENCY CARE AND PLACE THEM IN AN ENVIRONMENT THAT REPRESENTS THE TEACHINGS OF

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 $ 251,071. including grants of $) (Revenue $)
THE PATH OF CITRUS COUNTY MAINTAINS AND OPERATES 3 HOUSES FOR MEN AND 1 HOUSE FOR WOMEN IN PROVIDING FOOD AND SHELTER FOR THE HOMELESS

4b (Code:) (Expenses $ 284,764. including grants of $) (Revenue $)
THE PATH OF CITRUS COUNTY OFFERS REHABILITATION VIA THE TEACHINGS OF THE BIBLE IN ORDER TO AFFECT THE DIRECTION OF LIFE AND ENCOURAGE A HIGH WORK ETHIC WITH A GOAL OF INDEPENDENT LIVING. THIS IS ACHIEVED THROUGH COUNSELING, JOB SKILLS TRAINING, AND WORK OPPORTUNITIES IN THE PATH OPERATED THRIFT STORE AND FARM.

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

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

4e Total program service expenses ▶ 535,835.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

EXTENDED TO NOVEMBER 15, 2019

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
THE PATH OF CITRUS COUNTY, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 3024

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS, FL 34451

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

D Employer identification number
59-3111520

E Telephone number
352-527-6500

G Gross receipts $ 1,142,289.

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.PATHOFCITRUS.ORG

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

L Year of formation: 2001 M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE PATH OF CITRUS COUNTY SEEKS TO PROVIDE A CHRISTIAN LIVING ENVIRONMENT THAT ALLOWS TRUE

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	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,135,670.	901,701.
9	Program service revenue (Part VIII, line 2g)	62,823.	228,852.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,749.	1,360.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,742.	8,176.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,308,984.	1,140,089.
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)	162,833.	210,738.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	75,000.	20,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 168,049.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	490,609.	567,831.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	728,442.	798,569.
19	Revenue less expenses. Subtract line 18 from line 12	580,542.	341,520.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,590,873.	2,902,135.
21	Total liabilities (Part X, line 26)	636,288.	606,029.
22	Net assets or fund balances. Subtract line 21 from line 20	1,954,585.	2,296,106.

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 Date

▶ DUWAYNE SIPPER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only					
Print/Type preparer's name: CONSTANCE DEWEESE	Preparer's signature: Constance DeWeese	Date: 06/27/19	Check ☐ if self-employed	PTIN: P00635673	
Firm's name ▶ WARDLOW & CASH, P.A.				Firm's EIN ▶ 59-1638720	
Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452				Phone no. (352) 726-8130	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

THE PATH OF CITRUS COUNTY, INC
PO BOX 3024
INVERNESS, FL 34451

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2019

PREPARED FOR:

THE PATH OF CITRUS COUNTY, INC
PO BOX 3024
INVERNESS, FL 34451

PREPARED BY:

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____ , 2019, and ending _____ , 20 ___

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2019

Name of exempt organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

Name and title of officer

DUWAYNE SIPPER
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	909,368.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WARDLOW & CASH, P.A. to enter my PIN 11520

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59938958703

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/26/20

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

EXTENDED TO NOVEMBER 16, 2020

Form **990** (Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to 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 **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
THE PATH OF CITRUS COUNTY, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 3024 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS, FL 34451

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

D Employer identification number
59-3111520

E Telephone number
352-527-6500

G Gross receipts $ 913,293.

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.PATHOFCITRUS.ORG

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

L Year of formation: 2001 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE PATH OF CITRUS COUNTY SEEKS TO PROVIDE A CHRISTIAN LIVING ENVIRONMENT THAT ALLOWS TRUE

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	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	91
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	901,701.	641,073.
9	Program service revenue (Part VIII, line 2g)	228,852.	199,698.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,360.	7,011.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,176.	61,586.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,140,089.	909,368.

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)	210,738.	254,177.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	20,000.	6,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,373.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	567,831.	564,592.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	798,569.	824,769.
19	Revenue less expenses. Subtract line 18 from line 12	341,520.	84,599.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,902,135.	2,929,005.
21	Total liabilities (Part X, line 26)	606,029.	549,300.
22	Net assets or fund balances. Subtract line 21 from line 20	2,296,106.	2,379,705.

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 — Date

▶ DUWAYNE SIPPER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CONSTANCE DEWEESE		05/26/20	☐	P00635673

Firm's name ▶ WARDLOW & CASH, P.A. — Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452 — Phone no. (352) 726-8130

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 LAY A FOUNDATION THAT WILL SPREAD THE GOSPEL TO THOSE WHO ARE HOMELESS AND HAVE POOR FUNDAMENTALS FOR LIVING IN THE WORLD TODAY. TO MEET THE NEEDS OF THOSE INDIVIDUALS FOR FOOD, SHELTER, AND EMERGENCY CARE AND PLACE THEM IN AN ENVIRONMENT THAT REPRESENTS THE TEACHINGS OF

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 $ 523,744. including grants of $) (Revenue $ 208,800.)
THE PATH OF CITRUS COUNTY MAINTAINS AND OPERATES 3 HOUSES FOR MEN AND 1 HOUSE FOR WOMEN IN PROVIDING FOOD AND SHELTER FOR THE HOMELESS. THE PURCHASE AND RENOVATION OF A MOTEL RESULTED IN THE ADDITION OF A FAMILY SHELTER AND EXPANDED THE PROGRAM TO SERVE 50 CLIENTS WITH A PROJECTED MAXIMUM CAPACITY OF 70 CLIENTS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)
THE PATH OF CITRUS COUNTY OFFERS REHABILITATION VIA THE TEACHINGS OF THE BIBLE IN ORDER TO AFFECT THE DIRECTION OF LIFE AND ENCOURAGE A HIGH WORK ETHIC WITH A GOAL OF INDEPENDENT LIVING. THIS IS ACHIEVED THROUGH COUNSELING, JOB SKILLS TRAINING, AND WORK OPPORTUNITIES IN THE PATH OPERATED THRIFT STORE AND FARM.

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 ▶ 523,744.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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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 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation 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	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 ▶

DUWAYNE SIPPER - (352) 527-6500

31 S MELBOURNE, BEVERLY HILLS, FL 34465

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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) STUART GREEN PRESIDENT	1.00	X		X				0.	0.	0.
(2) CONNIE LOBEL VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) MARIA CONVERSE SECRETARY	1.00	X		X				0.	0.	0.
(4) CHRIS NAST TREASURER	1.00	X		X				0.	0.	0.
(5) DUWAYNE SIPPER EXECUTIVE DIRECTOR	50.00	X						60,000.	0.	0.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal ▶								60,000.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								60,000.	0.	0.

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	182,567.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	458,506.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a-1f		641,073.			
Program Service Revenue		Business Code				
	2a SHELTER	721310	179,180.	179,180.		
	b FARM	110000	20,518.	20,518.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		199,698.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,011.	7,011.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 182,567. of contributions reported on line 1c). See Part IV, line 18	8a	63,420.			
	b Less: direct expenses	8b	3,925.			
	c Net income or (loss) from fundraising events		59,495.			59,495.
	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					
Miscellaneous Revenue		Business Code				
	11a MISCELLANEOUS RECEIPTS	624200	2,091.	2,091.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		2,091.			
	12 **Total revenue.** See instructions		909,368.	208,800.	0.	59,495.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	254,177.	141,134.	113,043.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,000.			6,000.
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.)	7,548.		7,548.	
12 Advertising and promotion	2,387.	2,387.		
13 Office expenses	36,493.	20,346.	16,147.	
14 Information technology				
15 Royalties				
16 Occupancy	153,350.	122,727.	30,623.	
17 Travel	4,589.	4,589.		
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	124,110.	100,455.	23,655.	
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 FUNDRAISING	95,373.			95,373.
b FARM	35,101.	35,101.		
c AUTOMOBILE	30,525.	28,623.	1,902.	
d POSTAGE PRINTING & SHIP	23,908.	21,738.	2,170.	
e All other expenses	51,208.	46,644.	4,564.	
25 **Total functional expenses.** Add lines 1 through 24e	824,769.	523,744.	199,652.	101,373.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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	288,915.	1	191,306.
	2	Savings and temporary cash investments	129,397.	2	231,245.
	3	Pledges and grants receivable, net	75,560.	3	39,654.
	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	26,116.	9	5,051.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,128,858.			
	b	Less: accumulated depreciation — 10b: 671,885.	2,377,371.	10c	2,456,973.
	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	4,776.	15	4,776.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,902,135.	16	2,929,005.
Liabilities	17	Accounts payable and accrued expenses	40,719.	17	28,572.
	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	565,310.	23	520,728.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	606,029.	26	549,300.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	2,296,106.	27	2,369,705.
	28	Net assets with donor restrictions		28	10,000.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	Total net assets or fund balances	2,296,106.	32	2,379,705.
	33	Total liabilities and net assets/fund balances	2,902,135.	33	2,929,005.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	909,368.
2	Total expenses (must equal Part IX, column (A), line 25)	2	824,769.
3	Revenue less expenses. Subtract line 2 from line 1	3	84,599.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,296,106.
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	-1,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,379,705.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
THE PATH OF CITRUS COUNTY, INC	59-3111520

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	641,073.	560,918.	675,677.	858,248.	641,073.	3376989.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	641,073.	560,918.	675,677.	858,248.	641,073.	3376989.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						3376989.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	641,073.	560,918.	675,677.	858,248.	641,073.	3376989.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,068.	9,116.	6,250.	3,060.	7,011.	32,505.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3409494.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.05 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.11 %

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 ▶ ☐

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

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 ▶ ☐

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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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.)

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

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 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).

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

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	RUSS AND PAT RAINEY 7900 ARLINGTON CIRCLE APT #504 NAPLES, FL 34113-3218	$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	MARTIN HAMBEL 4222 N MILLSTONE POINT BEVERLY HILLS, FL 34465	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	KINGSBAY FINANCE LLC 511 SW 1 AVENUE CRYSTAL RIVER, FL 34429	$ 33,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	MARY SCHWALBERT 1453 N ENDICOTT POINT CRYSTAL RIVER, FL 34429-2678	$ 20,509.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Name of organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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
THE PATH OF CITRUS COUNTY, INC

Employer identification number
59-3111520

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	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? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 ▶ $ _____

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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		29,565.		29,565.
b Buildings		2,596,743.	378,473.	2,218,270.
c Leasehold improvements				
d Equipment				
e Other		502,550.	293,412.	209,138.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,456,973.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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	910,165.
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	797.		
e	Add lines **2a** through **2d**			2e	797.
3	Subtract line **2e** from line **1**			3	909,368.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	909,368.

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	825,566.
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	797.		
e	Add lines **2a** through **2d**			2e	797.
3	Subtract line **2e** from line **1**			3	824,769.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	824,769.

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:

IN-KIND IMPUTED INTEREST INCOME 797.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND IMPUTED INTEREST EXPENSE 797.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE PATH OF CITRUS COUNTY, INC

Employer identification number

59-3111520

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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))
		BANQUET	APPEALS - MARION AND C	2	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	63,420.	182,567.		245,987.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	63,420.	182,567.		245,987.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,925.			3,925.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,925.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				242,062.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.**

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE PATH OF CITRUS COUNTY, INC

Employer identification number
59-3111520

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REHABILITATION FOR HOMELESS INDIVIDUALS IN CITRUS COUNTY, FLORIDA. THE ORGANIZATION OFFERS LONG-TERM STAYS AND ALLOWS THOSE SEEKING ASSISTANCE TO BE REINTEGRATED WITH SOCIETY AS PRODUCTIVE CITIZENS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JESUS CHRIST

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON WWW.GUIDESTAR.ORG AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER ADJUSTMENT	-1,000.

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	OTHER														
1	THRIFT STORE	09/01/05	SL	39.00	MM	17	425,967.				425,967.	145,175.		10,922.	156,097.
2	27 MELBOURNE	01/01/02	SL	39.00	MM	17	63,086.				63,086.	27,432.		1,618.	29,050.
3	TRACTOR	01/01/05	SL	5.00		16	2,100.				2,100.	2,100.		0.	2,100.
4	HOOKUP TO COUNTY WATER	03/31/08	SL	15.00	MQ	17	3,626.				3,626.	2,628.		242.	2,870.
5	REMODEL UPSTAIRS	12/31/08	SL	15.00	MQ	17	13,486.				13,486.	9,103.		899.	10,002.
6	TRAILER	03/03/08	SL	5.00		16	2,200.				2,200.	2,200.		0.	2,200.
7	TRAILER	03/03/08	SL	5.00		16	2,200.				2,200.	2,200.		0.	2,200.
8	WASHER	03/04/08	SL	5.00		16	1,475.				1,475.	1,475.		0.	1,475.
9	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
10	WASHER	03/04/08	SL	5.00		16	1,475.				1,475.	1,475.		0.	1,475.
11	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
12	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
13	FREEZER	03/04/08	SL	5.00		16	789.				789.	789.		0.	789.
14	REFRIDGERATOR	03/04/08	SL	5.00		16	736.				736.	736.		0.	736.
15	REFRIDGERATOR	03/04/08	SL	5.00		16	736.				736.	736.		0.	736.
16	2 TON MITSUBISHI HEAT PUMP	11/12/08	SL	5.00		16	2,990.				2,990.	2,990.		0.	2,990.
17	3 TON HEATPUMP AND WATER HEATER	11/24/08	SL	5.00		16	5,610.				5,610.	5,610.		0.	5,610.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
18	3 TON HEATPUMP AND WATER HEATER	11/24/08	SL	5.00		16	5,610.				5,610.	5,610.		0.	5,610.
19	TILE SHOWER - WOMENS	08/01/08	SL	15.00	MQ	17	5,105.				5,105.	3,531.		340.	3,871.
20	TILE MENS SHELTER	08/14/08	SL	5.00		16	6,120.				6,120.	6,120.		0.	6,120.
21	CABINETS & VANITY WOMENS	08/20/08	SL	15.00	MQ	17	2,231.				2,231.	1,543.		149.	1,692.
22	CABINETS & VANITY MENS	08/20/08	SL	15.00	MQ	17	2,231.				2,231.	1,543.		149.	1,692.
23	25 MELBOURNE	10/01/08	SL	39.00	MM	17	75,000.				75,000.	19,631.		1,923.	21,554.
24	100 GALLON WATER TANK	11/24/08	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
25	LAND - 1 ACRE INVERNESS	11/15/04	L	.000			2,000.				2,000.			0.	
26	17KW GENERATOR	01/27/09	SL	5.00		16	8,289.				8,289.	8,289.		0.	8,289.
27	12X12 SHED	08/27/09	SL	5.00		16	2,503.				2,503.	2,503.		0.	2,503.
28	10X20 SHED	08/27/09	SL	5.00		16	3,155.				3,155.	3,155.		0.	3,155.
29	GP17500 PORTABLE GENERATOR	07/23/09	SL	5.00		16	2,585.				2,585.	2,585.		0.	2,585.
30	DOUBLE PANED WINDOWS 25 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,934.			967.	967.	241.		129.	370.
31	DOUBLE PANED WINDOWS 27 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,953.			977.	976.	244.		130.	374.
32	DOUBLE PANED WINDOWS 29 S MELBOURNE	08/24/09	SL	15.00	MQ	17	1,066.			533.	533.	133.		71.	204.
33	NEW ROOF 27 S MELBOURNE	10/28/09	SL	15.00	MQ	17	5,650.			2,825.	2,825.	612.		377.	989.
34	NEW ROOF 29 S MELBOURNE	10/28/09	SL	15.00	MQ	17	5,650.			2,825.	2,825.	612.		377.	989.
35	23 MELBOURNE ST	08/27/10	SL	39.00	MM	17	40,370.				40,370.	8,669.		1,035.	9,704.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
36	PLAYGROUND EQUIPMENT	11/08/10	SL	10.00		21	4,389.				4,389.	3,584.		439.	4,023.
37	DUNNELLON THRIFT STORE	10/29/10	SL	39.00	MM	17	186,590.				186,590.	39,272.		4,784.	44,056.
38	HARRIS PROPERTY IMPROVEMENTS	02/07/11	SL	15.00		16	1,700.				1,700.	897.		113.	1,010.
39	HARRIS PROPERTY POLE BARN	08/22/11	SL	10.00		16	8,495.				8,495.	6,230.		850.	7,080.
40	BLACKBAUD DONOR TRACKING SOFTWARE	06/03/11	SL	5.00		16	3,007.				3,007.	3,007.		0.	3,007.
41	21 S. MELBOURNE HOUSE - LAND	05/15/12	L	.000			20,625.				20,625.			0.	
42	21 S. MELBOURNE HOUSE	05/15/12	SL	39.00	MM	17	51,375.				51,375.	8,727.		1,317.	10,044.
43	1987 LUFKIN TRAILER	10/03/12	SL	5.00		16	2,879.				2,879.	2,879.		0.	2,879.
44	375 SQ. FT. OF DRAINFIELD FOR 23 MELBOURNE	08/13/12	SL	15.00		16	2,550.				2,550.	1,091.		170.	1,261.
45	3 TON 13 SEER HEAT PUMT AND DUCTWORK AND INSTALLATION	09/25/12	SL	10.00		16	5,795.				5,795.	3,622.		580.	4,202.
46	CERAMIC TILE - LIVING, BEDROOM, LAUNDRY, SHOWER - F	09/25/12	SL	15.00		16	2,970.				2,970.	1,237.		198.	1,435.
47	NEW PANEL ON 21 MELBOURNE	11/08/12	SL	15.00		16	1,200.				1,200.	493.		80.	573.
48	TUBE WARP FLUORESCENT FIXTRUES, LAMP, AND BATH FAN	11/30/12	SL	5.00		16	1,056.				1,056.	1,056.		0.	1,056.
49	COMPUTER SOFTWARE	07/05/12	SL	3.00		16	698.				698.	698.		0.	698.
50	2005 TOWN & COUNTRY VAN	03/07/13	SL	5.00		21	9,500.				9,500.	9,500.		0.	9,500.
51	GAZEBO	05/07/13	SL	15.00		16	3,000.				3,000.	1,133.		200.	1,333.
52	TRAILER	04/23/13	SL	7.00		16	1,897.				1,897.	1,536.		271.	1,807.
53	CAMERA SYSTEM	03/11/13	SL	5.00		16	2,093.				2,093.	2,093.		0.	2,093.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
54	LAND 31 S MELBOURNE ST	06/18/13	L	.000			6,940.				6,940.			0.	
55	BUILDING 31 S. MELBOURNE ST	06/18/13	SL	39.00	MM	17	62,461.				62,461.	8,875.		1,602.	10,477.
56	PHONE AND COMPUTER CABLE UPGRADE	12/31/13	SL	5.00		16	5,293.				5,293.	5,293.		0.	5,293.
57	OFFICE ELECTRIC PANEL UPGRADE	01/05/13	SL	10.00		16	1,200.				1,200.	720.		120.	840.
58	FLOORING - ACCENT CARPET & TILE	06/30/13	SL	10.00		16	2,601.				2,601.	1,431.		260.	1,691.
59	FENCE	05/02/13	SL	15.00		16	3,491.				3,491.	1,319.		233.	1,552.
60	CONNEX CONTAINER	06/14/14	SL	7.00		16	2,590.				2,590.	1,696.		370.	2,066.
61	DUMP TRAILER	06/14/14	SL	7.00		16	3,500.				3,500.	2,292.		500.	2,792.
62	FORD 350 PICK UP TRUCK	04/30/14	SL	5.00		16	10,381.				10,381.	9,689.		692.	10,381.
63	BEACON A/C	04/25/14	SL	39.00	MM	16	4,023.				4,023.	481.		103.	584.
64	LARGE SCREEN TV	05/05/14	SL	5.00		16	1,170.				1,170.	1,092.		78.	1,170.
65	SIGN	04/07/14	SL	7.00		16	1,095.				1,095.	743.		156.	899.
66	MERCURY MONTEREY VAN	11/05/14	SL	5.00		21	9,080.				9,080.	7,567.		1,513.	9,080.
67	FORD BOX TRUCK 2004 16'	02/01/07	SL	5.00		21	20,000.				20,000.	20,000.		0.	20,000.
68	DANNY LEN VAN 2004 NISSAN QUEST	10/09/15	SL	5.00		21	8,000.				8,000.	5,200.		1,600.	6,800.
69	AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY	11/07/15	SL	5.00		21	8,000.				8,000.	5,067.		1,600.	6,667.
70	COMPUTER SOFTWARE	05/20/15	SL	3.00		16	1,824.				1,824.	1,824.		0.	1,824.
71	CREDIT CARD MACHINE	09/30/15	SL	5.00		16	1,000.				1,000.	650.		200.	850.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
72	CARPORT	06/05/15	SL	10.00		16	2,413.				2,413.	865.		241.	1,106.
73	CREDIT CARD MACHINE	09/30/15	SL	5.00		16	1,000.				1,000.	650.		200.	850.
74	HARRIS PROPERTY IMPROVEMENTS	12/31/15	SL	10.00		16	2,206.				2,206.	662.		221.	883.
75	CARPORT	06/15/15	SL	10.00		16	3,944.				3,944.	1,413.		394.	1,807.
76	MOTEL	12/31/17	SL	39.00	MM	17	1,419,186.				1,419,186.	37,906.		36,389.	74,295.
77	DUNNELLON STORE ROOF	11/09/16	SL	15.00	MQ	17	5,833.			2,916.	2,917.	413.		194.	607.
78	A/C SYSTEM - 31 S MELBOURNE ST	09/26/16	SL	5.00		16	4,274.				4,274.	1,923.		855.	2,778.
79	SHED	02/15/16	SL	5.00		16	4,800.				4,800.	2,800.		960.	3,760.
80	4X4, GEAR TRANS, ROPS, R4 TIRES	05/20/16	SL	5.00		16	21,199.				21,199.	10,953.		4,240.	15,193.
81	FRONT LOADER	05/20/16	SL	5.00		16	5,160.				5,160.	2,666.		1,032.	3,698.
82	4X4, ORANGE, HST, HWDS TIRES	05/20/16	SL	5.00		16	9,200.				9,200.	4,753.		1,840.	6,593.
83	ZERO TURN MOWER	05/20/16	SL	5.00		16	7,499.				7,499.	3,874.		1,500.	5,374.
84	REAR BAGGER AND WEIGHTS	05/20/16	SL	5.00		16	2,572.				2,572.	1,329.		514.	1,843.
85	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	150.		58.	208.
86	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	150.		58.	208.
87	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	150.		58.	208.
88	COMMERCIAL STRING TRIMMER	05/20/16	SL	5.00		16	290.				290.	150.		58.	208.
89	37CC 16" CHAIN SAW	05/20/16	SL	5.00		16	280.				280.	145.		56.	201.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
90	37CC 16" CHAIN SAW	05/20/16	SL	5.00		16	280.				280.	145.		56.	201.
91	59CC 20" CHAIN SAW	05/20/16	SL	5.00		16	400.				400.	207.		80.	287.
92	58" TILLER	05/20/16	SL	5.00		16	2,250.				2,250.	1,163.		450.	1,613.
93	29 S MELBOURNE ST	02/01/01	SL	39.00	MM	17	33,000.				33,000.	15,125.		846.	15,971.
94	NEW SHED	06/07/17	SL	7.00		16	6,157.				6,157.	1,393.		880.	2,273.
95	BATHROOM IMPROVEMENTS	03/02/17	SL	15.00		16	13,053.				13,053.	1,595.		870.	2,465.
96	SECURITY SYSTEM	08/09/17	SL	5.00		16	1,733.				1,733.	491.		347.	838.
97	REFRIGERATOR	11/03/17	SL	7.00		16	3,049.				3,049.	508.		436.	944.
98	PHONE SYSTEM	03/26/18	SL	5.00		16	3,874.				3,874.	581.		775.	1,356.
99	FARM EQUIPMENT-BUSH HOG	09/08/17	SL	7.00		16	1,000.				1,000.	190.		143.	333.
100	PRINTER	12/31/17	SL	5.00		16	545.				545.	109.		109.	218.
101	HAND PROPELLED TILLER	08/09/17	SL	5.00		16	1,050.				1,050.	297.		210.	507.
102	2016 CHRYSLER TOWN & COUNTRY	01/01/18	SL	5.00		16	19,699.				19,699.	3,940.		3,940.	7,880.
103	WATER SYSTEM	04/04/18	SL	10.00		16	10,850.				10,850.	814.		1,085.	1,899.
104	SHED	01/23/18	SL	7.00		16	1,500.				1,500.	196.		214.	410.
105	A/C UNIT	01/19/18	SL	7.00		16	5,135.				5,135.	672.		734.	1,406.
106	ROOF	04/04/18	SL	10.00		16	8,956.				8,956.	672.		896.	1,568.
107	MOTEL FURNITURE	01/01/19	SL	7.00		16	29,496.				29,496.			4,214.	4,214.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
108	MOTEL IMPROVEMENTS	01/01/19	SL	39.00	MM	19	124,114.				124,114.			3,050.	3,050.
109	MOTEL SIGN	02/07/18	SL	7.00		16	1,078.				1,078.	141.		154.	295.
110	A/C UNIT	04/04/18	SL	7.00		16	3,443.				3,443.	369.		492.	861.
111	2017 DODGE GRAND CARAVAN	01/22/19	SL	5.00		16	18,456.				18,456.			3,384.	3,384.
112	NEW GREENHOUSE WIRE, POLE & ELECTRIC	05/29/19	SL	7.00		16	7,900.				7,900.			658.	658.
113	A/C LECANTO THRIFT STORE	02/20/19	SL	10.00		16	4,722.				4,722.			393.	393.
114	NEW SHED - LECANTO THRIFT STORE	03/16/19	SL	10.00		16	2,420.				2,420.			202.	202.
115	NEW SHED - LECANTO THRIFT STORE	05/24/19	SL	10.00		16	2,794.				2,794.			163.	163.
116	5 PHONES	07/05/19	SL	5.00		16	3,277.				3,277.			328.	328.
117	NEW MOTEL SIGN	06/10/19	SL	7.00		16	3,347.				3,347.			279.	279.
118	RESTAURANT FOOD SERVING TABLES & WATER HEATERS	03/05/19	SL	7.00		16	13,710.				13,710.			1,632.	1,632.
119	MOTEL FURNISHINGS	04/05/19	SL	7.00		16	41,076.				41,076.			4,401.	4,401.
120	NEW FLAT ROOF	05/29/19	SL	10.00		16	11,150.				11,150.			650.	650.
121	MOTEL RENOVATION, PURCHASES	01/01/19	SL	39.00		16	17,547.				17,547.			450.	450.
122	VINYL FENCING & ASPHALT (1,500)	02/04/19	SL	10.00		16	51,500.				51,500.			4,721.	4,721.
123	NEW ELECTRIC PANEL & ACCESSORIES	06/28/19	SL	10.00		16	8,485.				8,485.			424.	424.
124	NEW CAFETERIA A/C	06/28/19	SL	7.00		16	6,475.				6,475.			462.	462.
125	RESTAURANT REFRIGERATORS, MICROWAVES, EQUIPMENT	07/05/19	SL	7.00		16	3,988.				3,988.			285.	285.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
126	RESTAURANT ICE MACHINE	02/15/19	SL	7.00		16	2,900.				2,900.			345.	345.
127	NEW A/C HOUSE 27 MELBOURNE	11/04/19	SL	7.00		16	3,964.				3,964.			94.	94.
	* 990 PAGE 10 TOTAL OTHER						3,128,862.			11,043.	3,117,819.	533,591.		124,110.	657,701.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,128,862.			11,043.	3,117,819.	533,591.		124,110.	657,701.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,771,541.			11,043.	2,760,498.	533,591.			631,566.
	ACQUISITIONS						357,321.			0.	357,321.	0.			26,135.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						3,128,862.			11,043.	3,117,819.	533,591.			657,701.
	ENDING ACCUM DEPR											668,744.			
	ENDING BOOK VALUE											2,460,118.			

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE PATH OF CITRUS COUNTY, INC	FORM 990 PAGE 10	59-3111520

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	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	52,415.

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	63,493.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 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	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	01 /19	124,114.	39 yrs.	MM	S/L	3,050.
		/			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	5,152.
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	124,110.
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	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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? [X] Yes [ ] No **24b** If "Yes," is the evidence written? [X] 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						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
STATEMENT 1		%					5,152.	
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**	5,152.	
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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year	SEE PART V STATEMENT											
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?	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
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.

	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?		

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:					
43 Amortization of costs that began before your 2019 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

THE PATH OF CITRUS COUNTY, INC 59-3111520

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
PLAYGROUND EQUIPMENT	11/08/10	100.00	4,389.	4,389.	10.0	SL -HY	439.	
2005 TOWN & COUNTRY VAN	03/07/13	100.00	9,500.	9,500.	5.00	SL -HY		
MERCURY MONTEREY VAN	11/05/14	100.00	9,080.	9,080.	5.00	SL -HY	1,513.	
FORD BOX TRUCK 2004 16'	02/01/07	100.00	20,000.	20,000.	5.00	SL -HY		
DANNY LEN VAN 2004 NISSAN QUEST	10/09/15	100.00	8,000.	8,000.	5.00	SL -HY	1,600.	
AUTOMAX AUTO VAN 2007 CHRYSLER TOWN & COUNTRY	11/07/15	100.00	8,000.	8,000.	5.00	SL -HY	1,600.	
TOTAL TO FORM 4562, PART V, LINE 26							5,152.	

(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **8868**
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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 for the latest information.**

OMB No. 1545-0047

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.*

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

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
THE PATH OF CITRUS COUNTY, INC

Taxpayer identification number (TIN)
59-3111520

Number, street, and room or suite no. If a P.O. box, see instructions.
PO BOX 3024

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
INVERNESS, FL 34451

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DUWAYNE SIPPER
  31 S MELBOURNE - BEVERLY HILLS, FL 34465
  Telephone No. ▶ (352) 527-6500 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

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2020)

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
THE PATH OF CITRUS COUNTY, 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) ▶ NON-PROFIT

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO Box 3024

Requester's name and address (optional)

6 City, state, and ZIP code
INVERNESS, Florida 34451

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
59-3111520

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** ▶ Mary Lippen ED | **Date** ▶ 2-4-21

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.*

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.*

Attachment: 09 NPG1 Non-Profit Grant Packet- The Path of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

The Pregnancy and Family Life Center, Inc.

Application

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Application: NPG1-0000000010

Stephanie Bell - PFLCENTERORG@gmail.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 23 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

The Pregnancy and Family Life Center of Citrus County Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

317 Tompkins St
Inverness, FL 34450

Mailing Address for Grant Check

Name

Stephanie Bell

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Company

THE PREGNANCY AND FAMILY LIFE CENTER

Address

317 West Tompkins St

Address 2

(No response)

City

INVERNESS

State

FL

ZIP

34450

Country

United States

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Email Address

Optional but recommended for ease of followup.

PFLCENTERORG@GMAIL.COM

Phone Number

352-344-3030

Business Website Address

www.pflcenter.org

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59-2316370

Application Information

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

Bringing Truth, Hope and Love to our Community One Life at a time. We have remained open throughout the pandemic and continue to offer all our services which include free pregnancy testing, STI testing, limited OBGYN ultrasounds, parenting classes, nutritional and financial planning classes. We empower women and families and help them with basic needs for their families. With those who are contemplating ending their pregnancies we provide truth in her options, hope in her circumstances and love to see her through any decision she makes. We also offer information on adoption. Over the years our programs have expanded to meet the changing needs of the community. The Pregnancy and Family Life Center provides mental health/substance abuse treatment to Citrus County's indigent and uninsured residents free of charge, including those enrolled in court alternatives programs and women with Peri-Natal Mood Disorders.

The number of individuals we serve increases daily. All our services are free. We have been blessed with grants for food and tangible items which enable us to provide food and tangibles to our clients, including those with no transportation. However, we have been unable to find funding for our existing Mental Health/Substance Abuse treatment program for the upcoming year. The program has been funded by grants for the past three years and is vital to our community. In 2019, Citrus County had a 17.4% poverty rate which is probably far greater today. We are the only entity providing free services from licensed mental health counselors in Citrus County and do so on an expedited basis. The Corona virus' effect on our community, including job loss, loss of housing, sickness, and death, as well as the effect it has had on mothers/care providers who have been at home, isolated with their children, and those who are fearful of the effects of this pandemic on their pregnancy and their postpartum support systems, has been and is far reaching, increasing an already high demand by uninsured and indigent residents for this type of treatment in our county. Many individuals are turning to substance abuse as a coping mechanism. Our Center gets individuals into free on-going treatment with a licensed mental health practitioner within 3-5 days, a period unmatched here in Citrus County,

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 51,500.00

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 118,000.00

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

N/A

How many years has your organization served Citrus County?

39

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 8 2021

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: The Pregnancy & Family Life Center of Citrus County Inc.
Country: United States
Ein: 592316370
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 8 2021

SKMBT_C22021012611280

Filename: SKMBT_C22021012611280_syR9JaL.pdf **Size:** 616.4 kB

Upload a State of Florida charitable organization registration

Completed - Feb 8 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

SKMBT_C22021012513310

Filename: SKMBT_C22021012513310.pdf **Size:** 390.1 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 8 2021

SKMBT_C22021020814130

Filename: SKMBT_C22021020814130.pdf **Size:** 6.6 MB

SKMBT_C22021020814110

Filename: SKMBT_C22021020814110.pdf **Size:** 7.7 MB

SKMBT_C22021020814100

Filename: SKMBT_C22021020814100.pdf **Size:** 7.9 MB

Upload Evaluation Criteria

Completed - Feb 23 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Caresgrantbio2021

Filename: Caresgrantbio2021.docx **Size:** 386.3 kB

caresgrantquestions2021

Filename: caresgrantquestions2021.docx **Size:** 16.2 kB

caresbudget

Filename: caresbudget.docx **Size:** 13.4 kB

Upload optional presentation

Completed - Feb 26 2021

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

CARES presetation^

Filename: CARES_presetation.pptx **Size:** 2.7 MB

Fill out a form

Completed - Feb 8 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Stephanie Bell

Applicant Title

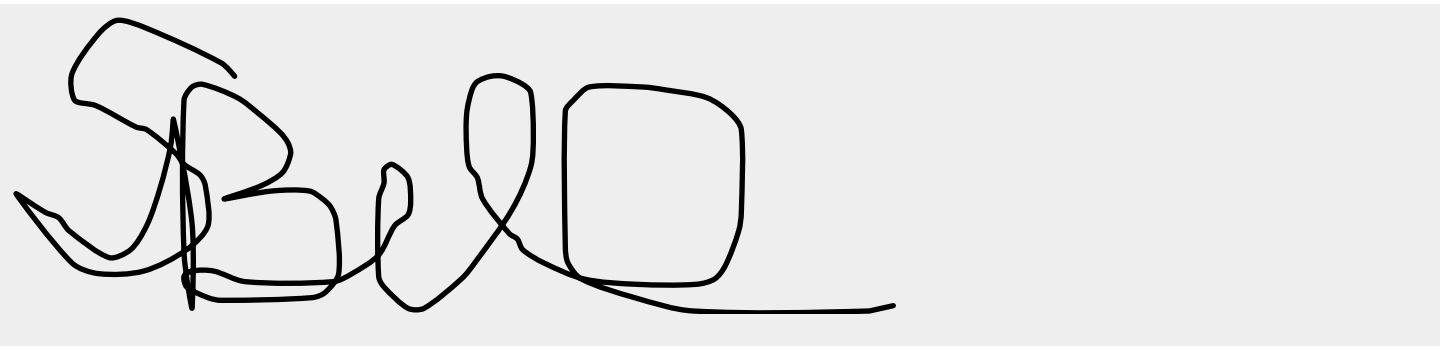
Executive Director

Date

Feb 8 2021

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Signature



Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

The intended use of the grant funds:

The Pregnancy and Family Life Center intends to use the grant funds to provide Mental Health and Substance Treatment to Citrus County's indigent and uninsured residents, free of charge. This program will focus on all court alternatives programs, as well as continued support to Youth and Family Alternatives, teen courts, and those women experiencing perinatal mood disorders. The center also works closely with partners such as: The Community Health Improvement Partnership (CHIP), Healthy Families, Healthy Start, and the Substance Effected Newborn Task Force.

How Citrus County will benefit from this program:

- ***The projected number of Citrus County citizens that will benefit from this program if awarded:***

We estimate that this grant will pay for services for up to 300 clients. The benefit reaches beyond these clients and includes their children, families, and friends. A conservative estimate of the extended benefits is estimated to be at least three-fold or 900 individuals.

Be sure that the following points are covered:

 Citrus County service location sites:

The organization's main center is located at 317 Tompkins Street, Inverness, Florida 34450. However, beginning March a second location 29 South Melbourne Street will be opening in Beverly Hills, in order to better serve the population located in the west side of the county. We have a partnership with The Path Rescue Mission and hold weekly sessions as well as individual education classes to those in their programs.

- ***Service delivery options***

Our clients present to The Pregnancy and Family Life Center by walk in or referral. We have various community partners we work with, the court alternatives program and several area physicians that refer to us.

- ***Detailed food and health care delivery plans***

All our clients fill out screening tools for Anxiety, Depression and Substance Abuse, on their initial visit, 3 months and 1 year, this way we can see progression in treatment. Based on the results of those tools we place them in the level of care they will need. We have masters and bachelors' level social work students who have been trained to provide and assist with behavioral health services in house. We also have two LCSW that we can refer our clients out to. When identified our clients are engaged in services within 3-5 days.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Last year we started screening all our pregnancy and postpartum clients at 26 weeks gestation and after birth for postpartum depression. It has been proven that one in four women suffer from postpartum depression and by doing this screening early on we can give her the tools and support she needs during and after her pregnancy. At any time, our clients can come to us and request counseling. They fill our new screening tools and are placed in appropriate level of care. This has proven to be extremely helpful during COVID due to increased stress, anxiety and substance use. The center has working relationships with St. Leo, Capella, and Liberty Universities as a clinical site for their school of social work.

Past Performance

- ***Potential impact covering all local Citrus County communities***

  All our services are available to all geographical areas within Citrus County and are free of charge. Every client has access to every service we offer. For example, our mental health clients can also get food, diapers, and baby items, STI testing, pregnancy testing, parenting classes and enroll in our women's health program in which they are able to get a complete physical, pap smear and full blood work up (we partner with Langley Health in Inverness)

- ***Deployment of services times and duration***

Services rendered are based on empirically supported assessment and screening tools. Duration of counseling depends on client's presenting state, progression through treatment, or court ordered time frames.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

THE PREGNANCY AND FAMILY LIFE CENTER
317 West Tompkins St
Inverness, FL 34450
Phone: 352-344-3030
Fax: 352-344-9101

Citrus County Board of County Commissioners
110 N. Apopka Ave.
Inverness, Florida 34450

RE: CARES Funding Request

Bringing Truth, Hope and Love to our Community One Life at a time. The Pregnancy and Family Life Center provides mental health/substance abuse treatment to Citrus County's indigent and uninsured residents free of charge, including those enrolled in court alternatives programs and women with Peri-Natal Mood Disorders.

We have remained open throughout the pandemic and continue to offer all our services. The number of individuals we serve increases daily. All our services are free. We have been blessed with grants for food and tangible items which enable us to provide food and tangibles to our clients, including those with no transportation. However, we have been unable to find funding for our existing Mental Health/Substance Abuse treatment program for the upcoming year. The program has been funded by grants for the past three years and is vital to our community. In 2019, Citrus County had a 17.4% poverty rate which is probably far greater today. We are the only entity providing free services from licensed mental health counselors in Citrus County and do so on an expedited basis. The Corona virus' effect on our community, including job loss, loss of housing, sickness, and death, as well as the effect it has had on mothers/care providers who have been at home, isolated with their children, and those who are fearful of the effects of this pandemic on their pregnancy and their postpartum support systems, has been and is far reaching, increasing an already high demand by uninsured and indigent residents for this type of treatment in our county. Many individuals are turning to substance abuse as a coping mechanism. Our Center gets individuals into free on-going treatment with a licensed mental health practitioner within 3-5 days, a period unmatched here in Citrus County,

The program is ongoing, and slated to run out of funds in February-March, 2021. The funds would be immediately applied to the program as we continue to find long term funding and sustainability.

We contract with Angella Briggs M.A. LMHC who works very closely with all our court alternatives programs and Laurie Keefe-Cecere, who is certified in childhood trauma and the only provider in our county who is certified in Peri-Natal Mood Disorders. Laurie sees clients who are at risk for suicide and depression. We are also a clinical site for St. Leo School of Social Work and Capella University and through them we have a master's and a bachelors level student working with our clients at the Center.

We work closely with Healthy Families, Healthy Start and have expanded our services to families whose children have been removed by DCF. We work with families on their parenting plan and their eventual reunification with their children. Despite the COVID pandemic and within the last year even 218 clients enrolled in the program and we maintain an active case load of 29 clients who receive behavioral health services with our contracted LCSW's.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

317 West Tompkins St
Inverness, FL 34450
Phone: 352-344-3030
Fax: 352-344-9101

The key to our program is we not only provide Mental Health/Substance Abuse Treatment to those in need, but we also offer a myriad of other free services in conjunction with the Mental Health Program. These additional services help stabilize the client and the family, including food, clothing, parenting education, baby food, diapers and supplies, emotional support, budgeting education, and much more, all provided in a loving and caring environment with dedicated staff and volunteers who oversee the care and needs of each person who walks in our door. Additionally, we have a comprehensive referral network of partners in our community, who provide needed services not available at our center. All our counselors have been trained in Mental Health First Aid. We seek to stabilize individuals and reunite families. We measure our achievement by those who enroll in our program and follow through with counseling/treatment until they are successfully released from care, graduate drug court and/or reunited with family. Our extensive case management support and sister programs ensure success. We reach out to our community and grants for sustainability. We continue to assist our clients until they no longer require our services.

We started this program 3 years ago and have expanded it as the need presented itself to encompass the most at-risk populations in our community. We are continually looking for long term solutions and sustainability.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

CARES Funding Budget

Category	Amount	Narrative
Printing and Reproduction	500.00	Covers all costs associated with printing forms, screening tools for entirety of program
Office Supplies	1000.00	Allows for expense of office supplies used in program as well as allowance for purchase of 2/Chromebooks (one for each location) to enter clients information and data entry/charting.
Education Materials	1,500.00	Includes workbooks and program materials as well as educational videos and classes r/t behavioral health
Contracted Services	48,500.00	Includes Ecclesia Behavioral Health, Tree of Life and Teresa Armato, who will be providing mental health services in house out in the Community. This amount is based on 6 months of hourly fees billed from our service providers. This money goes directly to client services
	$51,500.00	

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County



THE PREGNANCY
AND FAMILY LIFE CENTER

THE PREGNANCY AND FAMILY LIFE CENTER

Healthy Mind, Healthy Body, Healthy Baby Behavioral Health Program

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of

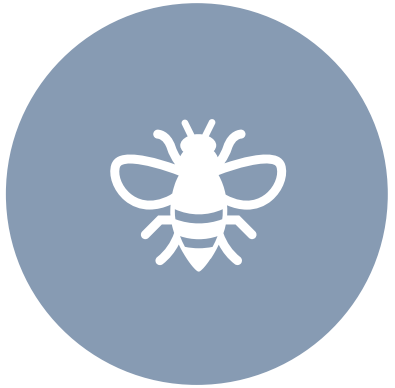
The Pregnancy and Family Life Center



SERVING ALL OF CITRUS COUNTY SINCE 1982.



ALL GEOGRAPHICAL AREAS IN COMMUNITY



EXPANDED SERVICES NOT ONLY TO PREGNANT WOMEN BUT ENTIRE FAMILIES

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of

Behavioral Health Program provides:



- Mental Health and Substance treatment to Citrus County's indigent and uninsured residents free of charge.
- Focus on all court alternatives, YFA, Teen court, and those women experiencing perinatal mood disorders.
- Average wait time to see Licensed Clinical Social Worker is 3 days.
- All our staff has been trained in Mental Health First Aid and Motivational Interviewing.
- We have masters and bachelors level students currently from St. Leo, Capella and Liberty University School of Social Work.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of

Affects of COVID on Mental Health

In General

- More than 1/3 of Americas have reported clinical signs of anxiety, depression or both since the pandemic began, those also suffering from financial difficulty is significantly higher.
- Pandemic Stress is significantly higher in young people ages 18-29. A woman's peak reproductive years are between the late teens and late 20's.
- According to the Bureau of Labor Statistics, the unemployment rate rose from 15.9 million to 23.1 million in one-month last year and has continued to rise.
- Mental Health is the poorest among those unemployed for six months or longer.
- The prolonged pandemic chaos will inevitably have consequences that are likely to escalate physiological burden and worsen the mental well being of individuals, pregnant women and new mothers.
- This leads to an increase in intimate partner violence, reduction in preventive help seeking behavior and increase in suicide rates especially among low income families.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of



- Across all ages, we have removed the human interaction. According to the Chronicle, in the year 2020 the rate of drug overdose deaths in Citrus County increased by 250% compared to previous year.
- That makes us the 6th highest in the state of Florida for overdose incidents.
- COVID 19 has created a new level of unemployment, personal desperation, isolation and loneliness that drives individuals towards the use of illegal drugs.
- We are seeing increased incidences of anxiety and depression in our perinatal (a term that refers to the time during pregnancy and up to one year after birth) clients.
- There is an increased risk of adverse affects due to COVID preventive measures such as quarantine, physical distancing, home isolation, remote consultations with healthcare professionals and the inability to obtain expected level of support.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of



- The PFLC behavioral health program uses strength-based counseling theories to promote prenatal attachment: resulting in less prenatal stress, increased self esteem, and decreased social isolation.
- Offer all our free services in conjunction to the behavioral health program.
- These other services stabilize the client and family and offer holistic wrap around care to every member of the family.
- Extensive case management.
- Established relationships with Healthy Families, Healthy Start, YFA, The Path Rescue Mission, Health Department, Court Alternatives program and many more.
- With in the last year, even though COVID has greatly affected our numbers we have had 218 clients start our program and currently have 29 clients engaged in active counseling services.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of

Program Testimonials

- July3rd, I lost custody of my four daughters due to domestic violence and drug use. One of my tasks on my case plan was substance abuse counseling, single and group. Without the help of the Pregnancy Centers funding for my treatment/therapy. I would not have been able to afford it. I have been enrolled in single/group therapy since October 2019. I have been reunited with my girls and are happy. I could not have done this without the Pregnancy Center and their funding. A.P.



- PFLC has helped me immensely during the pandemic. With many uncertainties including but not limited to income, health and availability of goods and services it has been a blessing to be able to count on continued help. Without this funding myself and many others would possibly not be able to receive essential services provided by PFLC and be forced to look for alternatives, possible inferior, if even available at all. Please consider the many people that are assisted and able to live much better lives going forward with the funding provided by this organization when considering budgetary allotments in the future. (Current patient of EBH and PFLC)

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of







MENTAL HEALTH MATTERS

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of

Thank you for the opportunity to present our Behavioral Health Program

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of

0000067 11/16/17

FLORIDA Department of Revenue

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012561517C-7	01/31/2018	01/31/2023	501(C)(3) ORGANIZATION

This certifies that

THE PREGNANCY & FAMILY LIFE CENTER OF
CITRUS COUNTY INC
317 TOMPKINS ST
INVERNESS FL 34450-4136

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

FLORIDA Department of Revenue

Important Information for Exempt Organizations

DR-14
R. 10/15

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

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

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

C Name of organization
THE PREGNANCY & FAMILY LIFE CENTER

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
317 W TOMPKINS STREET

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS, FL 34450

D Employer identification number
59-2316370

E Telephone number
(352) 344-3030

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

I **Website:** ▶

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 147,429

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	141,663
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b 5,761		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,761
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	5
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	147,429
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	62,673
	13	Professional fees and other payments to independent contractors	13	7,501
	14	Occupancy, rent, utilities, and maintenance	14	10,193
	15	Printing, publications, postage, and shipping	15	637
	16	Other expenses (describe in Schedule O)	16	32,681
	17	**Total expenses.** Add lines 10 through 16 ▶	17	113,685
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,744
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	72,366
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	106,110

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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	38,140	22	69,927
23	Land and buildings	31,648	23	33,964
24	Other assets (describe in Schedule O)	3,481	24	3,481
25	**Total assets**	73,269	25	107,372
26	**Total liabilities** (describe in Schedule O)	903	26	1,262
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	72,366	27	106,110

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? PREGNANT WOMEN

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

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

28 THE ORGANIZATION PROVIDES COUNSELING AND ASSISTANCE TO PREGNANT WOMEN.

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 0

29

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

30

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

31 Other program services (describe in Schedule O) . . . . . .

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

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 0

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CINDY CAMPBELL SECRETARY	0.00	0	0	0
MARILYN CHISHOLM TRUSTEE	0.00	0	0	0
MARY LOU RABY TRUSTEE	0.00	0	0	0
KATHY INDELICATO PRESIDENT	1.00	0	0	0
RICH KOPICKI VICE PRESIDENT	1.00	0	0	0
CHARLIE LOCASTO TRUSTEE	1.00	0	0	0
TRICA UZAR TRUSTEE	0.00	0	0	0
BARRY BLASING TREASURER	0.00	0	0	0
JANE BEDFORD TRUSTEE	0.00	0	0	0
MARIANNE VINCELLI TRUSTEE	0.00	0	0	0

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? *If "No," provide an explanation in Schedule O*	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ►			
42 a	The organization's books are in care of ► KATHY INDELICATO Telephone no. ► 352-344-3030 Located at ► 1125 S FIR TERRACE, INVERNESS, FL ZIP + 4 ► 34450			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

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

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
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		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

KATHY INDELICATO
Signature of officer — Date

KATHY INDELICATO, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
MARYANN SMITH		05-14-2018		P01008582

Firm's name ▶ MARYANN SMITH — Firm's EIN ▶

Firm's address ▶ 4818 N VALLEY TERRACE
PINE RIDGE FL 34465 — Phone no. 352-746-6033

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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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* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: THE PREGNANCY & FAMILY LIFE CENTER

Employer identification number: 59-2316370

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	73,982	66,712	71,952	76,808	141,663	431,11
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	73,982	66,712	71,952	76,808	141,663	431,11
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						431,11

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	73,982	66,712	71,952	76,808	141,663	431,11
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3	393	150	78	5	62
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						431,74

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.85 %
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	99.80 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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 . . . . . ► ☐

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 ▶ ☐

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Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

2 Activities Test. ***Answer (a) and (b) below.***

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	

3 Parent of Supported Organizations. ***Answer (a) and (b) below.***

		Yes	No
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b	

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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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 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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE PREGNANCY & FAMILY LIFE CENTER

Employer identification number

59-2316370

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
INTEREST INCOME	5

02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
ADVERTISING	2,364
INSURANCE	5,787
PAYROLL TAXES	4,631
BABY SUPPLIES	3,930
STATE FEES	240
TRAINING	1,357
BANK CHARGES	39
TELEPHONE	3,376
OFFICE EXPENSES	4,004
LOCAL TRAVEL EXPENSES	457
MISC	22
FOOD BANK	1,225
VOLUNTEER RECOGNITION	758
OUTREACH	150
SUPPLIES	1,490
DUES	569
DEPRECIATION	2,083
FUNDRAISING	199

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Name of the organization | Employer identification number

THE PREGNANCY & FAMILY LIFE CENTER | 59-2316370

03. Description of other assets (Part II, line 24)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
OFFICE EQUIP & FURNITURE (NET)	3,481	3,481

04. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	903	1,262

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Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2017
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE PREGNANCY & FAMILY LIFE CENT	FORM 990 - 1	59-2316370

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	

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 2017	17	1,278
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2017 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 Statement #567						617
c	7-year property		1,313	7	HY	200 DB	188
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,083
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.

EEA

Form **4562** (2017)

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Federal Supporting Statements	2017 PG01
Name(s) as shown on return	FEIN
THE PREGNANCY & FAMILY LIFE CENTER	59-2316370

FORM 4562 - LINE 19B Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
1,000	5	HY	200 DB	200
671	5	HY	200 DB	134
1,415	5	HY	200 DB	283
TOTAL				**617**

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B.1.g

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► **Do not enter social security numbers on this form as it may be made public.**

► **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
THE PREGNANCY & FAMILY LIFE CENTER
317 W TOMPKINS STREET
INVERNESS, FL 34450

D Employer identification number: 59-2316370

E Telephone number: 352-344-3030

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◄(insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 154,951.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	154,944.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	7.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	154,951.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	85,354.
	13	Professional fees and other payments to independent contractors	13	4,258.
	14	Occupancy, rent, utilities, and maintenance	14	11,400.
	15	Printing, publications, postage, and shipping	15	1,508.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	65,487.
	17	**Total expenses.** Add lines 10 through 16 ►	17	168,007.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,056.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	106,110.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	93,054.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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	69,927.	22	58,743.
23	Land and buildings	33,964.	23	32,686.
24	Other assets (describe in Schedule O) SEE SCHEDULE O	3,481.	24	2,951.
25	**Total assets**	107,372.	25	94,380.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	1,262.	26	1,326.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	106,110.	27	93,054.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THE ORGANIZATION PROVIDES COUNSELING AND ASSISTANCE TO PREGNANT WOMEN

(Grants $) If this amount includes foreign grants, check here ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) 32

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
CYNTHIA CAMPBELL SECRETARY	0	0.	0.	0.
STEPHANIE BELL EXECUTIVE DIR.	0	48,626.	0.	0.
KATHLEEN INDEICATO PRESIDENT	0	0.	0.	0.
MARILYN CHISHOLM DIRECTOR	0	0.	0.	0.
BARRY BLASING TREASURER	0	0.	0.	0.
RICHARD KOPICKI VICE PRESIDENT	0	0.	0.	0.
CHARLES LOCASTO DIRECTOR	0	0.	0.	0.
PATRICIA UZAR DIRECTOR	0	0.	0.	0.
JANE BEDFORD DIRECTOR	0	0.	0.	0.
TOM BEAVERSON DIRECTOR	0	0.	0.	0.
JIM HARVEY DIRECTOR	0	0.	0.	0.
THERESA ALEXANDER DIRECTOR	0	0.	0.	0.

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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. SEE SCHEDULE O ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9. 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e		X

41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► STEPHANIE BELL Telephone no. ► (352) 344-3030

Located at ► 317 W TOMPKINS STREET INVERNESS FL ZIP + 4 ► 34450

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43 N/A

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' *provide an explanation in Schedule O.*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		X

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		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ► _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ► ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

STEPHANIE BELL EXECUTIVE DIR.

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL J MORGA JR. CPA	MICHAEL J MORGA JR. CPA			P01425730

Firm's name ► SERRA & COMPANY CPA LLC

Firm's address ► 6118 W CORPORATE OAKS DRIVE, CRYSTAL RIVER, FL 34429

Firm's EIN ► 20-5395756

Phone no. 352-794-3879

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

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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* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
THE PREGNANCY & FAMILY LIFE CENTER	59-2316370

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	66,712.	71,952.	76,808.	141,663.	154,944.	512,079.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	66,712.	71,952.	76,808.	141,663.	154,944.	512,079.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						512,079.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	66,712.	71,952.	76,808.	141,663.	154,944.	512,079.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7.	5.	78.	150.	393.	633.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 **Total support.** Add lines 7 through 10						512,712.

12 Gross receipts from related activities, etc. (see instructions)	12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.88 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.85 %

16a **33-1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 ► ☐

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2018.** 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—2017.** 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 ► ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in* ***Part VI*** *when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in* ***Part VI.***		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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* ***Part VI.***		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in* ***Part VI.***		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in* ***Part VI.***		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If 'Yes' to a, b, or c, provide detail in* ***Part VI.***	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If 'No,' describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If 'No,' describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

2 Activities Test. ***Answer (a) and (b) below.***

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	

3 Parent of Supported Organizations. ***Answer (a) and (b) below.***

		Yes	No
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard.*	3b	

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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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.)

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

B.1.g

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE PREGNANCY & FAMILY LIFE CENTER

Employer identification number

59-2316370

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

	$ 7.
TOTAL	$ 7.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	$ 3,935.
BABY SUPPLIES	4,212.
BACKGROUD FEE	151.
BANK SERVICE FEES	42.
DEPRECIATION	2,685.
DUES	496.
EDUCATION	2,138.
FOOD BANK	2,366.
INSURANCE	5,487.
INTERNET	75.
MISC	150.
OFFICE EXPENSES	7,503.
OUTREACH	100.
OUTSIDE CONTRACTOR	20,500.
RENTAL	705.
SUPPLIES	2,298.
SUPPLIES	7,690.
TELEPHONE	2,799.
TELEPHONE-HOMOSASSA	683.
TRAINING	345.
TRAVEL	1,127.
TOTAL	$ 65,487.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
FURNITURE AND FIXTURES	$ 2,469.	$ 1,481.
MACHINERY AND EQUIPMENT	1,012.	1,470.
TOTAL	$ 3,481.	$ 2,951.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 1,262.	$ 1,326.
TOTAL	$ 1,262.	$ 1,326.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION PROVIDES COUNSELING AND ASSISTANCE TO PREGNANT WOMEN.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Name of the organization: THE PREGNANCY & FAMILY LIFE CENTER

Employer identification number: 59-2316370

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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2018 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ) PAGE 1

THE PREGNANCY & FAMILY LIFE CENTER 59-2316370

	2018	2017	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	154,944	141,663	13,281
NET INCOME (LOSS) - SPECIAL EVENTS	0	5,761	-5,761
OTHER REVENUE	7	5	2
TOTAL REVENUE	154,951	147,429	7,522
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS	85,354	62,673	22,681
PROFESSIONAL FEES/PYMT TO CONTRACTORS	4,258	7,501	-3,243
OCCUPANCY/RENT/UTILITIES/MAINTENANCE	11,400	10,193	1,207
PRINTING, PUBLICATIONS, AND POSTAGE	1,508	637	871
OTHER EXPENSES	65,487	32,681	32,806
TOTAL EXPENSES	168,007	113,685	54,322
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	-13,056	33,744	-46,800
NET ASSETS/FUND BAL. AT BEG. OF YEAR	106,110	72,366	33,744
NET ASSETS/FUND BAL. AT END OF YEAR	93,054	106,110	-13,056

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

2018 **GENERAL INFORMATION** PAGE 1

THE PREGNANCY & FAMILY LIFE CENTER 59-2316370

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH O

CARRYOVERS TO 2019

NONE

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ
THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE
THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN
NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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2018 FEDERAL BOOK DEPRECIATION SCHEDULE

THE PREGNANCY & FAMILY LIFE CENTER

59-2316370

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDINGS																
3	BUILDING	6/30/06		49,842							49,842	15,878	S/L MM	39	.02564	1,278
	TOTAL BUILDINGS			49,842		0	0	0	0	0	49,842	15,878				1,278
FURNITURE AND FIXTURES																
1	OFFICE EQUIP & FURNITURE	6/30/17		3,086							3,086	617	200DB HY	5	.32000	988
	TOTAL FURNITURE AND FIXTURE			3,086		0	0	0	0	0	3,086	617				988
MACHINERY AND EQUIPMENT																
2	EQUIPMENT	6/30/17		1,200							1,200	188	200DB HY	7	.24490	294
4	LAPTOP	1/09/18		493							493		200DB HY	7	.14290	70
5	LAPTOP	2/09/18		384							384		200DB HY	7	.14290	55
	TOTAL MACHINERY AND EQUIPME			2,077		0	0	0	0	0	2,077	188				419
	TOTAL DEPRECIATION			55,005		0	0	0	0	0	55,005	16,683				2,685
	GRAND TOTAL DEPRECIATION			55,005		0	0	0	0	0	55,005	16,683				2,685

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Go to *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 , 2019, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
THE PREGNANCY & FAMILY LIFE CENTER
317 W TOMPKINS STREET
INVERNESS, FL 34450

D Employer identification number: 59-2316370

E Telephone number: 352-344-3030

G Gross receipts $ 302,191.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES COUNSELING AND ASSISTANCE TO PREGNANT WOMEN.

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2019 (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	4.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	154,944.	302,187.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7.	4.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,951.	302,191.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,354.	93,432.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,258.	
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	78,395.	91,757.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	168,007.	185,189.
19	Revenue less expenses. Subtract line 18 from line 12	-13,056.	117,002.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	96,376.	213,537.
21	Total liabilities (Part X, line 26)	1,326.	1,485.
22	Net assets or fund balances. Subtract line 21 from line 20	95,050.	212,052.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

STEPHANIE BELL — EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ED SERRA CPA	ED SERRA CPA			P00010682

Firm's name ► SERRA & COMPANY CPA LLC
Firm's address ► 6118 W CORPORATE OAKS DRIVE, CRYSTAL RIVER, FL 34429
Firm's EIN ► 20-5395756
Phone no. 352-794-3879

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 01/21/20 Form **990** (2019)

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

THE ORGANIZATION PROVIDES COUNSELING AND ASSISTANCE TO PREGNANT WOMEN.

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 $ 185,189. including grants of $) (Revenue $)

THE ORGANIZATION PROVIDES COUNSELING AND ASSISTANCE TO PREGNANT WOMEN

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 ► 185,189.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 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*	26		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*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If 'Yes,' complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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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		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation 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	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders. 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b			
c	Enter the amount of reserves on hand. 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation 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

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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
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 12		
b	Enter the number of voting members included on line 1a, above, who are independent.	1b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses on Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (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 ► STEPHANIE BELL 317 W TOMPKINS STREET INVERNESS FL 34450 (352) 344-3030

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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) STEPHANIE BELL	0									
EXECUTIVE DIR.	0			X				50,913.	0.	0.
(2) CYNTHIA CAMPBELL	0									
SECRETARY	0	X						0.	0.	0.
(3) KATHLEEN INDEICATO	0									
PRESIDENT	0	X						0.	0.	0.
(4) MARILYN CHISHOLM	0									
DIRECTOR	0	X						0.	0.	0.
(5) BARRY BLASING	0									
TREASURER	0	X						0.	0.	0.
(6) RICHARD KOPICKI	0									
VICE PRESIDENT	0	X						0.	0.	0.
(7) CHARLES LOCASTO	0									
DIRECTOR	0	X						0.	0.	0.
(8) PATRICIA UZAR	0									
DIRECTOR	0	X						0.	0.	0.
(9) JANE BEDFORD	0									
DIRECTOR	0	X						0.	0.	0.
(10) TOM BEAVERSON	0									
DIRECTOR	0	X						0.	0.	0.
(11) JIM HARVEY	0									
DIRECTOR	0	X						0.	0.	0.
(12) THERESA ALEXANDER	0									
DIRECTOR	0	X						0.	0.	0.
(13)										
(14)										

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal ►								50,913.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								50,913.	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

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

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	302,187.			
	g Noncash contributions included in lines 1a-1f	1g				
	h **Total.** Add lines 1a-1f		302,187.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 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					
Miscellaneous Revenue		Business Code				
	11a		4.		4.	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		4.			
	12 **Total revenue.** See instructions		302,191.	0.	4.	0.

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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. ☐

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	50,913.	50,913.	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	35,355.	35,355.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,164.	7,164.		
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.)	3,096.	3,096.		
12 Advertising and promotion	6,088.	6,088.		
13 Office expenses	10,882.	10,882.		
14 Information technology				
15 Royalties				
16 Occupancy	8,488.	8,488.		
17 Travel	522.	522.		
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	2,296.	2,296.		
23 Insurance	7,059.	7,059.		
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 OUTSIDE CONTRACTOR	30,476.	30,476.		
b ADOPTION SERVICES	3,936.	3,936.		
c FOOD BANK	3,800.	3,800.		
d TRAINING	2,088.	2,088.		
e All other expenses	13,026.	13,026.		
25 **Total functional expenses.** Add lines 1 through 24e	185,189.	185,189.	0.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ 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
Assets	1	Cash – non-interest-bearing	60,739.	1	160,196.
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 75,005.			
	b	Less: accumulated depreciation — 10b: 21,664.	35,637.	10c	53,341.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	96,376.	16	213,537.
Liabilities	17	Accounts payable and accrued expenses	1,326.	17	1,485.
	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	**Total liabilities.** Add lines 17 through 25	1,326.	26	1,485.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ► ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	95,050.	27	212,052.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ► ☐ 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	Total net assets or fund balances	95,050.	32	212,052.
	33	Total liabilities and net assets/fund balances	96,376.	33	213,537.

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

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	302,191.
2	Total expenses (must equal Part IX, column (A), line 25)	2	185,189.
3	Revenue less expenses. Subtract line 2 from line 1	3	117,002.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	95,050.
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	212,052.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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.
The Pregnancy and Family Life Center of Citrus County

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.
317 Tompkins Street

Requester's name and address (optional)

6 City, state, and ZIP code
Inverness, Florida 34450

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.

Social security number
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer identification number
5 9 – 2 3 1 6 3 7 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] **Date** ▶ 1-26-2021

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.*

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.*

Attachment: 10 NPG1 Non-Profit Grant Packet- The Pregnancy and Family Life Center of Citrus County, Inc (12603 : The Citrus County

Non-Profit Grant

YMCA of Suncoast

Application

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000013

Stephanie Zaragoza - grants@suncoastymca.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 25 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Young Men's Christian Association of the Suncoast, Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

YMCA of the Suncoast

Organization Business Address

Where do you conduct your business?

The YMCA of the Suncoast has 7 locations throughout Pinellas, Pasco, Hernando, and Citrus Counties. This grant request will serve the residents in Citrus County at our Citrus Memorial Health Foundation YMCA located at 4127 W. Norvell Bryant Hwy/CR 486, Lecanto.

Mailing Address for Grant Check

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name

Joanna Castle

Company

YMCA of the Suncoast

Address

2469 Enterprise Road

Address 2

(No response)

City

Clearwater

State

FL

ZIP

33763

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Country

United States

Email Address

Optional but recommended for ease of followup.

grants@suncoastymca.org

Phone Number

727-467-9622

Business Website Address

www.ymcasuncoast.org

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59-0810731

Application Information

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

The Mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. The YMCA strengthens the foundations of community through youth development, healthy living, and social responsibility.
The Y is committed to improving America's health and wellbeing, community by community. For nearly 160 years, the YMCA has included an equilateral triangle in its logo as a symbol of wellness in spirit, mind, and body, the pursuit of which has long been one of the organization's sought-after outcomes. We bring families closer together, encourage good health, and fosters connections through fitness, sports, fun, and shared interests. As a result, people in our community receive the support, guidance, and resources they need to achieve greater physical health and mental wellbeing. This is particularly important as our nation struggles to climb out of the COVID-19 pandemic, which has exacerbated alarming rates of chronic disease and obesity, families wrestling with work/life balance, and individuals searching for personal fulfillment. Our programs are accessible, affordable, and open to all. With our commitment to never turn a person or family away because of an inability to pay for services, the YMCA continues to be the place in the community where persons of all incomes, ages, and backgrounds can find professional support for healthy behavior changes.

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 30000

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 1991829

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

NA

How many years has your organization served Citrus County?

13

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 21 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Young Mens Christian Association of the Suncoast Inc.
Country: United States
Ein: 590810731
State: FL

Upload a completed and signed IRS W-9 Form

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Completed - Feb 21 2021

W-9 YMCA signed

Filename: W-9_YMCA_signed_dQ6q0fx.pdf **Size:** 112.3 kB

Upload a State of Florida charitable organization registration

Completed - Feb 21 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

FL Charitable Solicitations License thru 7-6-21

Filename: FL_Charitable_Solicitations_License_th_zanGOwH.pdf **Size:** 153.0 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 21 2021

2019 YMCA 990 - Public Disclosure

Filename: 2019_YMCA_990_-_Public_Disclosure_LVKlSAY.pdf **Size:** 427.1 kB

2017 Form 990 - YMCA - Public Disclosure

Filename: 2017_Form_990_-_YMCA_-_Public_Disclosure.pdf **Size:** 456.2 kB

2018 YMCA 990 - YMCA - Public Disclosure

Filename: 2018_YMCA_990_-_YMCA_-_Public_Disclosure.pdf **Size:** 597.5 kB

Upload Evaluation Criteria

Completed - Feb 25 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

- Deployment of services times and duration

Program Evaluation

Filename: Program_Evaluation.docx **Size:** 14.7 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program’s expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

G. Scott Goyer

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Applicant Title

President and CEO

Date

Feb 25 2021

Signature



Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Program Evaluation:

The YMCA of the Suncoast began formally serving Citrus County in 2008 with a variety of youth programs. By 2015 we opened our doors to the YMCA of the Suncoast– Citrus Memorial Health Foundation Branch (Citrus YMCA) as a full-service facility including a full wellness center, personal training, wellness training programs, group exercise classes, chronic disease prevention programs, aquatics programs, youth sports, and teen programs. We currently serve about 3,500 people at the YMCA each week. In addition, over 4,800 people are using their health plan benefits to gain access to the facility to stay active.

Regular exercise is essential for everyone under normal circumstances and benefits both the body and mind. During the COVID-19 pandemic, when so many of us are very restricted in our movements, it is even more critical for people of all ages and abilities to be as active as possible. Here are a few reasons why exercise and physical activity at the YMCA is especially crucial for Citrus County resident during and after the COVID-19 pandemic:

- Exercise boosts the immune system: Research shows that regular, moderate-intensity exercise has immune-boosting benefits that may help your body fight off infections, including COVID-19.
- Exercise improves many chronic health conditions: It can reduce high blood pressure, improve arthritis, reduce the risk of heart disease, stroke, type 2 diabetes, and various cancers.
- Exercise improves bone and muscle strength and increases balance, flexibility, strength, mobility, and fitness: For older people, activities that improve balance to help prevent falls and injuries.
- Exercise may prevent weight gain: Exercise can help you burn extra calories caused by dietary changes and offset the effects of sedentary activities.
- Exercise reduces stress and anxiety: Exercise is a proven mood-booster and can help adults reduce stress levels and build emotional resilience.
- Exercise improves sleep: There is evidence that suggests regular exercise helps you fall asleep faster and improves sleep quality — and getting a good night's sleep has also been found to boost your immune system.
- Regular physical activity also improves mental health: Exercise can reduce the risk of depression, cognitive decline, delay the onset of dementia, and improve overall wellbeing. For managing symptoms of depression, some research suggests that elevated levels of aerobic activity may be associated with more significant reductions in depressive symptoms.
- Prevent social isolation: We know that regular physical activity can help give the day a routine; it also can be a way of helping to stay in contact and connect with friends and peer groups. Many Active Older Adults in our community have been quarantined. They can now come to the Y to connect with friends, pursue interests, and build relationships that further their sense of belonging and purpose.

We are all managing additional stress related to the growth of the COVID-19 pandemic and its potential to threaten the health of ourselves, our families, and our communities. At the YMCA, we know that using physical activity and exercise is a major strategy to maintain health during this stressful period.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

The YMCA makes health and wellness opportunities possible for all people by creating a stronger community. At the YMCA, no one is ever turned away due to an inability to pay. We can do this through financial assistance that we offer on a sliding scale to reduce fees and make the Y affordable for everyone. On average, 13% of people who benefit from the YMCA receive financial assistance. However, we anticipate increased demand and need for assistance in our community due to the pandemic's impacts on job loss, reduced available working hours, and income loss. Funding through this grant would go directly to alleviate this increased demand and help the most vulnerable people in our community with financial assistance to the YMCA.

YMCA of the Suncoast– Citrus Memorial Health Foundation Branch would like to respectfully request $30,000 in funding through this grant to provide financial assistance to 500 residents in Citrus County over six months. At the YMCA, we believe a person values what they have a personal investment in. Therefore everyone at the Y pays something to participate in our programs and services. However, we recognize that more people will come to the Y seeking financial assistance to participate during these trying economic times.

The Citrus Memorial Health Foundation YMCA is centrally located within Citrus County at 4127 W. Norvell Bryant Hwy/CR 486 in Lecanto. Residents throughout the County can easily access the facility within a 15 to 20-minute drive in any direction. The facility is open every day except Easter, Thanksgiving, and Christmas. The hours are Monday – Thursday 5 am - 9:30 pm, Friday 5 am - 9 pm, Saturday 8 am - 6 pm, and Sunday 11 am - 6 pm. The YMCA of the Suncoast has a proven track record in working with Federal, State, and local funding dollars, in addition to the United Way. For the last thirty years, the YMCA of the Suncoast has operated with a balanced budget. All of its reserves have been funded, and bills are current. The financial health of the YMCA of the Suncoast is one of its greatest assets. It has been achieved through discipline, astute management, and the support of the communities it serves.

In the Declarations section of this grant application we did not check the box that states we could “provide health care services within Citrus County.” We do believe the programs and services the YMCA offers provide a health benefit and several are even evidence based health improvement programs; we do not, in the strictest definition of the phrase, provide medical health care services.

We know that the Y is the constant in our community where people can participate in positive, healthy behaviors and build relationships and engage with others. Although many things feel beyond our control right now, we may look back on this challenging time as the turning point when we learned new ways to build our emotional resilience, mental wellbeing, and physical health.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

July 1, 2020 **Refer To: CH1176**

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.
2469 ENTERPRISE RD
CLEARWATER, FL 33763-1702

RE: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.
REGISTRATION#: CH1176
EXPIRATION DATE: July 6, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Kayla Creech
Regulatory Consultant
850-410-3769
Fax: 850-410-3804
E-mail: kayla.creech@fdacs.gov

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Doing business as YMCA OF THE SUNCOAST

Number and street (or P.O. box if mail is not delivered to street address) 2469 ENTERPRISE ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER, FL 33763

F Name and address of principal officer: G. SCOTT GOYER
SAME AS C ABOVE

D Employer identification number
-*0731

E Telephone number
(727)467-9622

G Gross receipts $ 34,997,709.

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.YMCASUNCOAST.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1961 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROGRAMS THAT BUILD HEALTHY SPIRIT MIND & BODY FOR ALL

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1971
6	Total number of volunteers (estimate if necessary)	6	1027
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,318,289.	3,026,967.
9	Program service revenue (Part VIII, line 2g)	21,640,924.	23,149,638.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,307.	375,112.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	333,383.	326,119.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,482,903.	26,877,836.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,980.	41,875.
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)	15,192,289.	16,456,411.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 437,206.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,901,650.	10,114,352.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,108,919.	26,612,638.
19	Revenue less expenses. Subtract line 18 from line 12	373,984.	265,198.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	44,520,307.	43,926,279.
21	Total liabilities (Part X, line 26)	11,825,313.	10,541,338.
22	Net assets or fund balances. Subtract line 21 from line 20	32,694,994.	33,384,941.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ G. SCOTT GOYER, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ALICIA BROWN			☐	P01337755

Firm's name ▶ CBIZ MHM, LLC — Firm's EIN ▶ **-***5969

Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539 — Phone no. 727-572-1400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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:
WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER. THAT'S WHY, AT THE Y, EMPLOYEES AND VOLUNTEERS ADVANCE OUR CAUSE OF STRENGTHENING COMMUNITY THROUGH WORK FOCUSED ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. THE YMCA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... X 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 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 $ 10,946,731. including grants of $ 41,875.) (Revenue $ 11,653,384.)
YOUTH DEVELOPMENT:
OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS SCHOOL AGE PROGRAMS BEFORE AND AFTERSCHOOL CARE, SUMMER CAMP, LEADERS CLUBS, SWIM, SPORTS & PLAY AND OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20 PERCENT OF THE YOUNG PEOPLE WE ENGAGE. ((CONTINUED ON SCHEDULE O))

4b (Code:) (Expenses $ 8,012,754. including grants of $) (Revenue $ 5,093,207.)
HEALTHY LIVING:
THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, 111,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH CHRONIC DISEASE AND OBESITY, FAMILIES WRESTLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS.
((CONTINUED ON SCHEDULE O))

4c (Code:) (Expenses $ 3,920,260. including grants of $) (Revenue $ 6,630,470.)
SOCIAL RESPONSIBILITY:
OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 60 YEARS. Y PROGRAMS, SUCH AS VOLUNTEERISM AND GIVING OPPORTUNITIES, GLOBAL PARTNERS, FOSTER CARE FAMILY SUPPORT, ENGLISH AS A SECOND LANGUAGE, STATE ALLIANCES (ADVOCACY) AND WORLD SERVICE, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. IN 2017, WE ENGAGED 111,000 YMCA MEMBERS, PARTICIPANTS AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE. ((CONTINUED ON SCHEDULE O))

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 22,879,745.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1971		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

SHARLENE CLARK, CFO - (727)467-9622
2469 ENTERPRISE ROAD, CLEARWATER, FL 33763

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN CONNELLY BOARD CHAIR	1.00	X						0.	0.	0.
(2) LAURA MAIOCCO VICE CHAIR	1.00	X						0.	0.	0.
(3) MATT CRUM SECRETARY	1.00	X						0.	0.	0.
(4) KELLY CRANDALL TREASURER	1.00	X						0.	0.	0.
(5) JENNIFER MOORE IMMEDIATE PAST CHAIRMAN	1.00	X						0.	0.	0.
(6) BRIAN AUNGST, JR. DIRECTOR	1.00	X						0.	0.	0.
(7) MATT BECKER DIRECTOR	1.00	X						0.	0.	0.
(8) TINA BHATT DIRECTOR	1.00	X						0.	0.	0.
(9) DAVID L. BRANDON DIRECTOR	1.00	X						0.	0.	0.
(10) KIMBERLY BRIGGS DIRECTOR	1.00	X						0.	0.	0.
(11) ALLEN S. CRUMBLEY DIRECTOR	1.00	X						0.	0.	0.
(12) AMERICA DEUPREE DIRECTOR	1.00	X						0.	0.	0.
(13) CHESTER 'BUD' ELIAS, JR. DIRECTOR	1.00	X						0.	0.	0.
(14) BILL HARDY DIRECTOR	1.00	X						0.	0.	0.
(15) DR. MARK HEPP DIRECTOR	1.00	X						0.	0.	0.
(16) JEWEL LAMB DIRECTOR	1.00	X						0.	0.	0.
(17) HON. BERNARD MCCABE DIRECTOR	1.00	X						0.	0.	0.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. CYNTHIA MILLER DIRECTOR	1.00	X						0.	0.	0.
(19) GERRY MULLIGAN DIRECTOR	1.00	X						0.	0.	0.
(20) DEV PATHIK DIRECTOR	1.00	X						0.	0.	0.
(21) CHRISTINA RANKIN DIRECTOR	1.00	X						0.	0.	0.
(22) GREG RICHARDSON DIRECTOR	1.00	X						0.	0.	0.
(23) CHARLIE ROBINSON, JR. DIRECTOR	1.00	X						0.	0.	0.
(24) GREG SHOWERS DIRECTOR	1.00	X						0.	0.	0.
(25) TRACY VAUGHN DIRECTOR	1.00	X						0.	0.	0.
(26) PETER VOSOTAS DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								765,055.	0.	186,000.
d Total (add lines 1b and 1c) ▶								765,055.	0.	186,000.

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 ▶ 5

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JACK JOYNER HEATING AND A/C 1860 HERCULES AVE N, CLEARWATER, FL 33765	A/C REPAIR AND SERVICE	307,847.
TRIANGLE POOL SERVICE 12801 S BELCHER RD, LARGO, FL 33773	POOL SERVICE	165,462.
HUFCOR INC 1301 CENTRAL PARK DR, SANFORD, FL 32771	BUILDING AND GROUND MAINTENANCE	138,971.
BRANDON CONSTRUCTION COMPANY 555 PALM HARBOR BLVD, PALM HARBOR, FL 34683	GENERAL CONTRACTOR	136,482.
PHOENIX LAWN & LANDSCAPE, INC. 2155 PANTUCKET DR, WESLEY CHAPEL, FL 33543	LAWN CARE SERVICES	112,955.

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 ▶ 6

SEE PART VII, SECTION A CONTINUATION SHEETS

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Form 990 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC. **-***0731

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEVE JEFFERIES TREASURER (LEFT MARCH 2017)	1.00	X						0.	0.	0.
(28) JOE MARTESKI DIRECTOR (LEFT MID-2017)	1.00	X						0.	0.	0.
(29) G. SCOTT GOYER PRESIDENT & CEO	50.00			X				273,997.	0.	56,569.
(30) THOMAS BUTTON COO	50.00			X				142,798.	0.	58,158.
(31) CAROL PARKS SR VP/CHIEF ADMINISTRATION OFFICER	50.00			X				140,125.	0.	26,440.
(32) TERESA HIBBARD VP/CHIEF PHILANTHROPY OFFICER	50.00			X				104,816.	0.	20,504.
(33) SHARLENE CLARK CFO	50.00			X				103,319.	0.	24,329.
Total to Part VII, Section A, line 1c								765,055.		186,000.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 295,188.				
	b Membership dues	1b				
	c Fundraising events	1c 114,791.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 414,079.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,202,909.				
	g Noncash contributions included in lines 1a-1f: $ 32,008.					
	h **Total.** Add lines 1a-1f ▶		3,026,967.			
Program Service Revenue		Business Code				
	2 a MEMBERSHIP FEES	813410	10,508,505.	10,508,505.		
	b BEFORE & AFTER SCHOOL CARE	813410	8,992,653.	8,992,653.		
	c SUMMER CAMP PROGRAMS	813410	2,080,570.	2,080,570.		
	d AQUATICS	813410	506,913.	506,913.		
	e WELLNESS PROGRAMS	813410	470,327.	470,327.		
	f All other program service revenue	813410	590,670.	590,670.		
	g **Total.** Add lines 2a-2f ▶		23,149,638.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		288,314.			288,314.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents	48,000.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	48,000.				
	d Net rental income or (loss) ▶		48,000.			48,000.
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	8,011,356. / 29,655.				
	b Less: cost or other basis and sales expenses	7,935,498. / 18,715.				
	c Gain or (loss)	75,858. / 10,940.				
	d Net gain or (loss) ▶		86,798.			86,798.
	8 a Gross income from fundraising events (not including $ 114,791. of contributions reported on line 1c). See Part IV, line 18	a 216,356.				
	b Less: direct expenses	b 165,660.				
	c Net income or (loss) from fundraising events ▶		50,696.			50,696.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue	813410	227,423.	227,423.		
	e **Total.** Add lines 11a-11d ▶		227,423.			
	12 **Total revenue.** See instructions. ▶		26,877,836.	23,377,061.	0.	473,808.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	39,875.	39,875.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000.	2,000.		
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	951,055.	36,622.	729,687.	184,746.
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	13,015,211.	11,714,425.	1,252,261.	48,525.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	727,683.	608,526.	111,414.	7,743.
9 Other employee benefits	747,771.	687,955.	47,194.	12,622.
10 Payroll taxes	1,014,691.	872,834.	126,501.	15,356.
11 Fees for services (non-employees):				
a Management				
b Legal	11,387.		11,387.	
c Accounting	27,524.		27,524.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,568.		37,568.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	663,086.	377,906.	272,834.	12,346.
12 Advertising and promotion	307,790.	112,850.	108,139.	86,801.
13 Office expenses	2,108,497.	1,932,971.	167,464.	8,062.
14 Information technology	40,766.		24,439.	16,327.
15 Royalties				
16 Occupancy	3,631,682.	3,497,563.	121,845.	12,274.
17 Travel	172,284.	142,233.	26,897.	3,154.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	203,006.	141,513.	56,552.	4,941.
20 Interest	12,390.	8,165.	4,225.	
21 Payments to affiliates	354,568.	340,087.	8,503.	5,978.
22 Depreciation, depletion, and amortization	2,219,368.	2,083,932.	121,107.	14,329.
23 Insurance	214,519.	174,966.	35,598.	3,955.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	98,800.	98,800.		
b				
c				
d				
e All other expenses	11,117.	6,522.	4,548.	47.
25 **Total functional expenses.** Add lines 1 through 24e	26,612,638.	22,879,745.	3,295,687.	437,206.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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		581,655.	1	455,320.
	2	Savings and temporary cash investments		3,032,009.	2	4,543,020.
	3	Pledges and grants receivable, net		1,356,419.	3	966,204.
	4	Accounts receivable, net		619,537.	4	700,569.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		142,403.	9	151,289.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,783,066.			
	b	Less: accumulated depreciation	10b 26,569,673.	29,294,578.	10c	28,213,393.
	11	Investments - publicly traded securities		9,354,817.	11	8,751,705.
	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		138,889.	15	144,779.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		44,520,307.	16	43,926,279.
Liabilities	17	Accounts payable and accrued expenses		1,740,369.	17	1,679,679.
	18	Grants payable			18	
	19	Deferred revenue		1,194,497.	19	990,296.
	20	Tax-exempt bond liabilities		7,793,372.	20	7,165,423.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		868,114.	23	500,114.
	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		228,961.	25	205,826.
	26	**Total liabilities.** Add lines 17 through 25		11,825,313.	26	10,541,338.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		28,129,174.	27	28,832,532.
	28	Temporarily restricted net assets		3,232,923.	28	3,167,273.
	29	Permanently restricted net assets		1,332,897.	29	1,385,136.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		32,694,994.	33	33,384,941.
	34	Total liabilities and net assets/fund balances		44,520,307.	34	43,926,279.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,877,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,612,638.
3	Revenue less expenses. Subtract line 2 from line 1	3	265,198.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,694,994.
5	Net unrealized gains (losses) on investments	5	347,378.
6	Donated services and use of facilities	6	28,189.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	49,182.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,384,941.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2017)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	**-***0731

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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 ..... ▶ ☐

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3520417.	8083878.	3956502.	3318289.	3026967.	21906053.
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	18857831.	19226967.	20330919.	21845743.	23365994.	103627454
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	22378248.	27310845.	24287421.	25164032.	26392961.	125533507
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	58,536.	44,729.	96,000.	44,150.	24,650.	268,065.
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	5,565.	3855732.	416,809.	140,520.	144,512.	4563138.
c Add lines 7a and 7b	64,101.	3900461.	512,809.	184,670.	169,162.	4831203.
8 **Public support.** (Subtract line 7c from line 6.)						120702304

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	22378248.	27310845.	24287421.	25164032.	26392961.	125533507
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	299,066.	341,652.	356,219.	279,484.	336,314.	1612735.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	299,066.	341,652.	356,219.	279,484.	336,314.	1612735.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	105,716.	137,998.	146,048.	245,243.	227,423.	862,428.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	22783030.	27790495.	24789688.	25688759.	26956698.	128008670

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	94.29 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	94.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	1.26 %
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	1.22 %

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 ▶ ☐

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV **Supporting Organizations** *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer (a) and (b) below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ 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) 2017

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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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.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

B.1.h

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 for the latest information.

OMB No. 1545-0047

2017

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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 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).

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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		$ 5,114.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 6,873.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 8,675.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 8,846.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 5,500.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 6,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
-*0731

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		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 36,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 36,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number
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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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 25,075.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
-*0731

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 10,267.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 24,009.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
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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
43		$ 61,770.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 5,417.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 10,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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
49		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 6,292.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
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OF THE SUNCOAST, INC.

Employer identification number
-*0731

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
55		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 414,079.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 21,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
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Employer identification number
-*0731

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
61		$ 16,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 5,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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
67		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 7,930.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 7,930.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 7,930.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 7,515.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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
73		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 14,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 38,604.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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
79		$ 199,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81		$ 84,038.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 5,092.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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
85		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87		$ 5,060.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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	STOCK	$ 5,114.	04/17/17
2	T-SHIRTS	$ 3,873.	12/31/17
3	ART SUPPLIES	$ 8,675.	12/31/17
4	STOCK	$ 8,846.	12/07/17
5	COMMERCIAL ICE MAKER	$ 5,500.	12/31/17
		$	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
-*0731

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

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

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	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	**-***0731

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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-.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2017 OF THE SUNCOAST, INC. **-***0731 Page 2

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		2,648.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,648.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

YMCA OF THE SUNCOAST PAYS DUES TO "THE FLORIDA STATE ALLIANCE OF YMCAS" (THE ALLIANCE), A GROUP OF YMCAS IN THE STATE OF FLORIDA. 24.54% OF THE DUES COLLECTED FROM THE ALLIANCE FOR 2017 WERE USED FOR LOBBYING EXPENSES.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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

2017

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number **-***0731

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 (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,686,886.	4,450,032.	4,691,034.	4,452,221.	3,795,362.
b Contributions	52,239.	168,391.	85,726.	149,819.	221,948.
c Net investment earnings, gains, and losses	616,470.	202,313.	-192,898.	204,794.	515,107.
d Grants or scholarships					
e Other expenditures for facilities and programs	122,000.	133,850.	133,830.	115,800.	80,196.
f Administrative expenses					
g End of year balance	5,233,595.	4,686,886.	4,450,032.	4,691,034.	4,452,221.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 48.60 %
b Permanent endowment ▶ 24.94 %
c Temporarily restricted endowment ▶ 26.46 %

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)		X
(ii) related organizations	3a(ii)		X
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		3,627,688.		3,627,688.
b Buildings		41,883,112.	19,215,731.	22,667,381.
c Leasehold improvements		2,734,529.	2,358,333.	376,196.
d Equipment		6,450,593.	4,995,609.	1,454,984.
e Other		87,144.		87,144.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				28,213,393.

Schedule D (Form 990) 2017

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INSURANCE FINANCING	41,664.
(3) OBLIGATION UNDER CAPITAL LEASES	164,162.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	205,826.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	26,198,296.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	347,378.		
b	Donated services and use of facilities	2b	57,219.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	404,597.
3	Subtract line **2e** from line **1**			3	25,793,699.
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	1,084,137.		
c	Add lines **4a** and **4b**			4c	1,084,137.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	26,877,836.

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	26,623,042.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	29,030.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-18,626.		
e	Add lines **2a** through **2d**			2e	10,404.
3	Subtract line **2e** from line **1**			3	26,612,638.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	26,612,638.

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:

TO PRESERVE THE VALUE OF THE FUND ADJUSTED FOR INFLATION THROUGH LONG-TERM APPRECIATION OF PRINCIPAL (EQUAL TO OR GREATER THAN THE RATE OF INFLATION). TO PROVIDE FUNDING FOR PROGRAMS GIVING PRIORITY TO THE USE OF INCOME FOR MAJOR MAINTENANCE, MODERNIZATION, OR EXPANSION OF BUILDINGS AND FACILITIES, EXTENSION OF SERVICES AND DEVELOPING AND TRAINING PROFESSIONAL LEADERSHIP WHILE MAINTAINING THE PURCHASING POWER OF THE PORTFOLIO AND OFFSETTING INFLATION.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

REVENUE CODE OF 1986 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

THE ORGANIZATION APPLIES ASC TOPIC 740, INCOME TAXES ("ASC 740"). ASC 740 PRESCRIBES A RECOGNITION AND MEASUREMENT STANDARD FOR UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE IS NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF THE APPLICATION OF THIS STANDARD. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF INCOME TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE OVERALL APPLICATION OF THIS STANDARD.

THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2014 THROUGH 2017 FOR ALL MAJOR TAX JURISDICTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT RETURN	705,687.
CONTRIBUTIONS AND GRANT FOR ACQUISITION OF CAPITAL ASSETS	315,271.
CONTRIBUTIONS TO ENDOWMENT	52,239.
GAIN ON SALE OF PROPERTY AND EQUIPMENT	10,940.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,084,137.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE OFF OF UNCOLLECTIBLE PLEDGES	-18,626.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* **for the latest instructions.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: **-***0731

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 FISHING TOURNAMENTS (event type)	(b) Event #2 SWIM TEAM EVENTS (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	74,010.	66,249.	180,585.	320,844.
	2 Less: Contributions	32,315.		82,476.	114,791.
	3 Gross income (line 1 minus line 2)	41,695.	66,249.	98,109.	206,053.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,656.		2,161.	3,817.
	6 Rent/facility costs	233.		2,400.	2,633.
	7 Food and beverages	8,120.		14,910.	23,030.
	8 Entertainment			7,000.	7,000.
	9 Other direct expenses	21,775.	58,221.	48,448.	128,444.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				164,924.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				41,129.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV **Supplemental Information** *(continued)*

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number **-***0731

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? ..... [X] 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
NATIONAL COUNCIL OF YOUNG MENS CHRISTIAN ASSOCIATIONS OF THE US - 101 N WACKER DR - CHICAGO, IL 60606	**:*__**-*5016	501(C)(3)	6,000.	0.	N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE
YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIR BLACK MOUNTAIN, NC 28711	**:*__**-*5021	501(C)(3)	5,500.	0.	N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE
COMMUNITY FOUNDATION OF TAMPA BAY 4300 W CYPRESS ST, STE 700 TAMPA, FL 33607	**:*__**-*5018	501(C)(3)	25,000.	0.	N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 3.

3 Enter total number of other organizations listed in the line 1 table ..... ▶

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

EACH RECIPIENT IS A YMCA ORGANIZATION. WE RECEIVE REPORTINGS FROM THE ORGANIZATIONS ON THE USES OF THE DONATIONS AND REVIEW THEIR 990S ON GUIDESTAR. THE CEO ALSO RECEIVES UPDATES AND REPORTINGS FROM BOTH ORGANIZATIONS ON THEIR CHARITABLE WORK.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

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 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: **-***0731

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☒ Health or social club dues or initiation fees		
	☐ Personal services (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 **1b**	X	
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? **2**	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule J (Form 990) 2017**

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Schedule J (Form 990) 2017 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC. **-***0731 Page 2

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) G. SCOTT GOYER	(i)	255,113.	250.	18,634.	32,400.	24,169.	330,566.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS BUTTON	(i)	141,542.	250.	1,006.	19,037.	39,121.	200,956.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROL PARKS	(i)	137,612.	250.	2,263.	17,075.	9,365.	166,565.	0.
SR VP/CHIEF ADMINISTRATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD APPROVED FOR THE YMCA TO PAY FOR SOCIAL CLUB DUES FOR THE BELLEAIR COUNTRY CLUB FOR SCOTT GOYER, PRESIDENT AND CEO. THE PURPOSE IS TO ENCOURAGE FUNDRAISING DEVELOPMENT THROUGH RELATIONSHIPS AS HE LIVES IN THE CLEARWATER/ BELLEAIR AREA. SCOTT REIMBURSES THE YMCA FOR PERSONAL EXPENSES (MEALS, CART FEES) FOR PERSONAL ACTIVITIES AT THE CLUB. REMAINING MONTHLY DUES ARE INCLUDED IN SCOTT'S COMPENSATION AND TAXED AS COMPENSATION. THE TOTAL DUES PAID IN 2017 AND TAXED AS COMPENSATION WERE $8,323 (12 MONTHS).

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: **-***0731

Part I Bond Issues

SEE PART VI FOR COLUMN (A) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	PINELLAS COUNTY INDUSTRIAL DEVELOPMENT A	**-***0800	NONE	09/12/12	10270150.	SEE PART VI		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,104,727.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,270,150.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	173,619.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	10,096,531.			
12	Other unspent proceeds				
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		%		%		%	
6 Total of lines 4 and 5	.00 %		%		%		%	
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	SUNTRUST BANK							
c Term of hedge	10.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 11/03/2017

(F) DESCRIPTION OF PURPOSE:
REFINANCING OBLIGATIONS RELATED TO THE REVENUE BONDS ISSUED IN 2002 AND ALL OUTSTANDING BANK LOANS, THE PROCEEDS OF WHICH ARE RESTRICTED TO RENOVATING, IMPROVING AND EQUIPPING CERTAIN OF THE ORGANIZATION'S FACILITIES.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: **-***0731

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	(e) Sharing of organization's revenues? No
DAVID L. BRANDON	BOARD MEMBER	117,277.	THE BOARD M		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: DAVID L. BRANDON

(D) DESCRIPTION OF TRANSACTION: THE BOARD MEMBER IS THE OWNER OF BRANDON CONSTRUCTION COMPANY WHICH WAS AWARDED THE CONTRACT FOR THE CONSTRUCTION OF THE CITRUS FACILITY. THE CONSTRUCTION OF THE FACILITY COMMENCED IN MAY 2015. THE AMOUNT REPORTED REPRESENTS THE CONTRACTOR DRAW PAYMENTS MADE FOR CONSTRUCTION SERVICES DURING THE YEAR.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: **-***0731

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	X		3,873.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	13,960.	STOCK QUOTE
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 ▶ (ART SUPPLIES)	X	1	8,675.	FAIR MARKET VALUE
26	Other ▶ (ICE MAKER)	X	1	5,500.	FAIR MARKET VALUE
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

			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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047
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Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: **-***0731

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IS A POWERFUL ASSOCIATION OF MEN, WOMEN, AND CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE. WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING THE NATION'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE. EACH DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE.

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE YMCA OF THE SUNCOAST IS A CAUSE-DRIVEN CHARITABLE ORGANIZATION THAT STRENGTHENS THE FOUNDATIONS OF COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. SERVING 111,000 MEN, WOMEN, AND CHILDREN IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES, THE Y PROVIDES OPPORTUNITIES FOR ALL AGES TO LEARN, GROW, AND THRIVE.

THERE ARE THREE AREAS OF FOCUS THAT ALLOW US TO FULFILL OUR MISSION EACH AND EVERY DAY. THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE Y CAN PROMISE AND DELIVER LASTING PERSONAL AND SOCIAL CHANGE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE YMCA OF THE SUNCOAST HAS CONTINUED TO STRENGTHEN MEANINGFUL

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

PARTNERSHIPS AND HAS DEVELOPED NEW RELATIONSHIPS IN THE PAST YEAR WITH NATIONAL AND LOCAL ORGANIZATIONS TO PROVIDE NEW OPPORTUNITIES AND BENEFITS FOR THOSE WE SERVE IN OUR COMMUNITIES.

FOSTER FAMILY SUPPORT: IN 2017, THE YMCA OF THE SUNCOAST INTRODUCED NEW LOCAL PARTNERSHIPS FOR SUPPORT OF FOSTER CARE FAMILIES WITH ECKERD KIDS, DIRECTIONS FOR LIVING, YOUTH AND FAMILY ALTERNATIVES, LUTHERAN FAMILY SERVICES AND KIDS CENTRAL. LIKE THE Y, THEY SHARE OUR CALL TO SERVE FAMILIES WITH FOSTER CHILDREN AND TO STRENGTHEN YOUTH AND FAMILIES IN OUR COMMUNITIES. THIS OPPORTUNITY STEMS FROM THE YS STRATEGIC PLAN. FAMILIES ARE INVITED TO TAKE ADVANTAGE OF FREE ACCESS TO A YMCA OF THE SUNCOAST MEMBERSHIP. ALL YOUTH/TEENS THROUGH AGE 21 ARE WELCOME TO GAIN FREE ACCESS INTO ANY YMCA OF THE SUNCOAST LOCATION IN PINELLAS, WEST PASCO, HERNANDO AND CITRUS COUNTIES. YOUTH AGED 11 AND YOUNGER MUST PARTICIPATE WITH THEIR FAMILIES OR GUARDIAN. TEENS AGED 12-21 CAN PARTICIPATE WITH THEIR FAMILIES AND MAY ALSO ACCESS FACILITIES AND PARTICIPATE IN PROGRAMS ON THEIR OWN.

CAUSE DRIVEN MEMBERSHIP COHORT: IN 2017, OUR YMCA EMBARKED A NEW WAY TO ENGAGE MEMBERS AND ENCOURAGE THEIR ACTIVITY LEVEL AND RETENTION. WE WERE ONE OF 30 YS ACROSS THE NATION INVOLVED IN THE CAUSE DRIVEN MEMBERSHIP COHORT WORK. THE THINKING WAS THAT A FORMALIZED MEMBER ONBOARDING PROCESS COULD INCREASE MEMBER LENGTH OF STAY AND THEIR OVERALL AWARENESS OF THE Y'S CAUSE. THIS REQUIRED TRAINING FOR FRONT-LINE STAFF ON PURPOSEFUL TOURS TO BUILD CONNECTIONS WITH PROSPECTIVE MEMBERS, PRESENT A CARING ENVIRONMENT AND HELP INDIVIDUALS FIND A PURPOSE TO HELP THEM BENEFIT MORE FROM THEIR EXPERIENCE. THIS NEW WAY TO OPERATE BEGAN WITH 2 BRANCHES AND EVENTUALLY WAS SPREAD TO

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

MOST SUNCOAST BRANCHES BY THE END OF 2017. THESE EFFORTS HAVE TO DATE LED TO AN INCREASE IN RETENTION.

NATIONWIDE MEMBERSHIP: YS CAN BETTER STRENGTHEN COMMUNITIES WHEN ALL YS ARE OPEN TO ALL Y MEMBERS, AND THEY ARE DEDICATED TO PROVIDING A SAFE, WELCOMING ENVIRONMENT FOR EVERYONE. NATIONWIDE MEMBERSHIP ENABLES Y MEMBERS TO VISIT ANY PARTICIPATING YMCA IN THE UNITED STATES THROUGH MEMBERSHIP AT THEIR "HOME" YMCA (THE HOME Y IS THE LOCAL ASSOCIATION THAT ENROLLS MEMBERS AND COLLECTS MEMBERSHIP DUES.). NATIONWIDE MEMBERSHIP ISN'T A NEW IDEA. OTHER INITIATIVES - SUCH AS ALWAYS WELCOME AT A Y (AWAY) AND REGIONAL RECIPROCITY AGREEMENTS - HAVE ENHANCED MEMBER EXPERIENCES AND EXPANDED THE Y COMMUNITY BY MAKING MEMBERSHIPS PORTABLE. NATIONWIDE MEMBERSHIP COMBINES THE SPIRIT OF THESE INITIATIVES WITH SYSTEMS DESIGNED TO HELP PARTICIPATING YS IMPLEMENT AND MANAGE THE PROGRAM AND MEASURE USAGE. THIS BENEFIT SUPPORTS OUR MEMBERS WHEREVER AROUND THE COUNTRY THEY MAY BE AT ANY TIME.

TOGETHERHOOD PROJECT: TOGETHERHOOD IS THE Y'S MEMBER-LED VOLUNTEER SERVICE PROGRAM. IT ACTIVATES Y MEMBERS TO WORK TOGETHER TO PLAN AND LEAD SERVICE PROJECTS THAT RESPOND TO LOCAL COMMUNITY NEEDS. TOGETHERHOOD CREATES SOCIAL CHANGE AND DEMONSTRATES THAT WE'RE A CHARITY DEDICATED TO STRENGTHENING COMMUNITY. EACH OF OUR BRANCHES CULTIVATED SMALL GROUPS TO CONNECT PEOPLE FROM ALL BACKGROUNDS TO PLAN AND IMPLEMENT VOLUNTEER PROJECTS THAT RESPOND TO THEIR COMMUNITIES' MOST PRESSING NEEDS. IN THE PROCESS, VOLUNTEERS FORM LASTING CONNECTIONS WITH ONE ANOTHER, REDUCING SOCIAL ISOLATION AND CREATING MORE COHESIVE COMMUNITIES. A PROJECT EXAMPLE IS A NEIGHBORHOOD CLEANUP EFFORT IN CLEARWATER. THE EFFORTS OF OUR VOLUNTEERS WERE RECOGNIZED BY

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

AND THANKED BY THE CITY'S POLICE DEPARTMENT.

EXPANDED HEALTHY LIVING PROGRAMS: NEWLY EXPANDED HEALTHY LIVING PROGRAMS IN 2017 INCLUDE ENHANCEFITNESS AND BLOOD PRESSURE SELF-MONITORING. ENHANCEFITNESS IS A 16-WEEK EVIDENCED-BASED SENIOR FITNESS AND ARTHRITIS MANAGEMENT PROGRAM THAT HELPS OLDER ADULTS BECOME MORE ACTIVE, ENERGIZED AND EMPOWERED FOR INDEPENDENT LIVING. EXERCISES FOCUS ON CARDIOVASCULAR ENDURANCE, STRENGTH, BALANCE AND FLEXIBILITY, WHICH CAN REDUCE ARTHRITIS SYMPTOMS AND IMPROVE BALANCE. THROUGH COMMUNITY PARTNERSHIPS, WE WERE ABLE TO BRING ENHANCEFITNESS TO SEVERAL UNDER-SERVED COMMUNITIES. ENHANCEFITNESS WAS OFFERED AT THE HOMELESS EMPOWERMENT PROGRAM REACHING 14 HOMELESS VETERANS AND 3 CITY OF CLEARWATER RECREATIONAL CENTERS REACHING OVER 400 SENIORS. THE BLOOD PRESSURE SELF-MONITORING PROGRAM IS A 4 MONTH EVIDENCED-BASED PROGRAM WHERE PARTICIPANTS WORK WITH A TRAINED HEALTHY HEART AMBASSADOR TO REDUCE THEIR BLOOD PRESSURE BY IDENTIFYING PATTERNS AND TRENDS ON WHICH TO TAKE ACTION, BETTER MANAGE THEIR BLOOD PRESSURE OVER TIME, AND IMPROVE THEIR KNOWLEDGE OF HEART-HEALTHY EATING HABITS. THIS PROGRAM WAS OFFERED AT THE HOMELESS EMPOWERMENT PROGRAM AND THE SHEPHERD CENTER, BOTH 501(C)(3) CHARITIES LOCATED IN PINELLAS COUNTY, SERVING 40 LOW-INCOME/ HOMELESS PARTICIPANTS. THIS OPPORTUNITY WAS MADE POSSIBLE BY GRANT FUNDING.

RIDGECREST TEEN PROGRAMS: IN OUR RIDGECREST COMMUNITY IN LARGO, FLORIDA, SEVERAL NEW PROGRAMS HAVE BEEN ESTABLISHED THAT BENEFIT TEENS INCLUDING ACHIEVERS, MUSIC MANIA (YOUTH GOSPEL CHOIR), Y LIFE AND A SWIM AND DANCE TEAM. THE ACHIEVERS' BTAG (BRIDGING THE ACHIEVEMENT GAP) PROGRAM PROVIDES OPPORTUNITIES FOR MORE THAN 30 STUDENTS SUCH AS

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

ACADEMIC TUTORING AND HOMEWORK ASSISTANCE, COMMUNITY SERVICE HOURS TO BECOME ELIGIBLE FOR BRIGHT FUTURES SCHOLARSHIPS, AND OPPORTUNITIES TO ADD VALUE TO THEIR LOCAL COMMUNITY THROUGH VARIOUS PROGRAMS OFFERED AND REAL-LIFE COMMUNITY PARTNERS THAT SERVE AS MENTORS. MUSIC MANIA ALLOWS TEENS TO LEARN MUSIC PRODUCTION SKILLS WITH PROFESSIONAL EQUIPMENT INCORPORATING A GENRE OF CHRISTIAN MUSIC.

VETERANS SUPPORT: VETERANS OUTREACH PROGRAMS ARE ACTIVE IN CITRUS COUNTY. VOLUNTEERS AND VETERANS CONSTRUCTED AN OUTDOOR OBSTACLE COURSE ON THE CAMPUS OF THE CITRUS MEMORIAL HEALTH FOUNDATION YMCA IN CITRUS COUNTY. THE COURSE ALLOWS FOR ALL AGES AND BACKGROUNDS TO EXPERIENCE FELLOWSHIP AND EXERCISE IN A NATURAL ENVIRONMENT.

WEIGHT LOSS PROGRAM: IN 2017 WE PARTICIPATED IN A YMCA OF THE USA PILOT PROJECT TO OFFER THE YMCA WEIGHT LOSS PROGRAM. THIS IS A 12-WEEK PROGRAM THAT MEETS ONCE A WEEK. THE PROGRAM'S APPROACH IS TO EMPOWER, ENCOURAGE, AND PROVIDE TOOLS SO THAT PARTICIPANTS DESIGN THEIR OWN PLANS TO SUPPORT THEIR WEIGHT LOSS GOALS WITHIN THE CONTEXT OF THEIR LIVES. IT SUPPORTS YMCA MEMBERS LOSE WEIGHT THROUGH A COMBINATION OF FACILITATOR-LED DISCUSSIONS ON BALANCED EATING, PHYSICAL ACTIVITY, AND HEALTHY LIFESTYLE TOPICS AND THE CREATION OF REASONABLE, ATTAINABLE GOALS. IN ADDITION TO WEIGHT LOSS, PARTICIPANTS REPORTED IMPROVED ABILITY TO ENGAGE IN PHYSICAL ACTIVITY AND HEALTHY EATING PATTERNS, AS WELL AS IMPROVED QUALITY OF LIFE. WE SERVED 53 PARTICIPANTS AT 3 LOCATIONS. THE PILOT HAS BEEN COMPLETED AND WE ARE PLANNING TO RUN THE OFFICIAL PROGRAM IN FALL 2018.

CAMP COAST MIDDLE SCHOOL: OUR SUCCESSFUL SUMMER CAMP PROGRAM FOR

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CHILDREN ON THE AUTISM SPECTRUM, CAMP COAST, WAS EXPANDED TO INCLUDE AN OPTION FOR MIDDLE SCHOOL AGE CHILDREN, AGED 11-14. THE NEED AROSE AS RETURNING FAMILIES WANTED TO CONTINUE TO PARTICIPATE IN A STIMULATING AND NURTURING ENVIRONMENT FOR CHILDREN THAT HAD AGED BEYOND WHAT WAS AVAILABLE FOR YOUNGER CHILDREN. THIS EXPANSION SERVED 8 CHILDREN WITH A CAMP EXPERIENCE FILLED WITH CRAFTS, GAMES, HORSEBACK RIDING, FIELD TRIPS AND SWIMMING. THESE CHILDREN ALSO INTERACTED WITH OTHER NEURO-TYPICAL TEENS FROM A SERVICE-ORIENTED CAMP. BOTH CAMPS LEARNED FROM ONE ANOTHER WHETHER IT WAS GAINING EMPATHY AND NEW FRIENDSHIPS OR IMPROVING SOCIAL SKILLS AND HAVING A SENSE OF BELONGING.

SALSA, SABOR Y SALUD: A SECOND LOCATION WAS ADDED FOR THE SALSA, SABOR Y SALUD PROGRAM IN OUR CLEARWATER BRANCH YMCA TO SERVE THE LOCAL HISPANIC AND LATINO POPULATION. SALSA, SABOR Y SALUD BUILDS ON THE RICH TRADITIONS AND VALUES OF HISPANIC AND LATINO CULTURES TO HELP FAMILIES ADOPT AND MAINTAIN HEALTHY LIFESTYLES.

ZSPACE: THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY FUNDED THE INVESTMENT IN 10 ZSPACE VIRTUAL REALITY COMPUTER SYSTEMS THAT ALLOW STUDENTS EXPOSURE TO STEM LESSONS IN AN AUDIO VISUAL, VIRTUAL REALITY INTERACTIVE FORMAT. THESE WORKSTATIONS ARE NOW USED IN THREE PINELLAS COUNTY MIDDLE SCHOOLS ALLOWING STUDENTS TO SUPPLEMENT CLASSROOM LEARNINGS AND MAKE STEM CONCEPTS FUN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE YMCA PROVIDES BEFORE AND AFTERSCHOOL CARE THROUGHOUT THE SCHOOL YEAR TO PRE-K AND SCHOOL-AGE CHILDREN RESIDING FROM PINELLAS TO CITRUS COUNTY, INCLUDING SPECIAL NEEDS AND DEVELOPMENTALLY DISABLED CHILDREN.

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YMCA SCHOOL AGE CARE ENSURES THAT THE TIME GAPS BEFORE AND AFTER SCHOOL ARE FILLED CREATIVELY AND CONSTRUCTIVELY. THIS PROGRAM PROVIDES WORKING PARENTS WITH SAFE, EDUCATIONAL, AFFORDABLE, QUALITY SUPERVISION FOR THEIR CHILDREN FROM THE HOURS OF 6:30 A.M. TO THE BEGINNING OF SCHOOL, AND FROM SCHOOL DISMISSAL TO 6:00 P.M., AND ALL DAY ON SCHOOL HOLIDAYS. ALL OF OUR AFTERSCHOOL PROGRAMS FOCUS ON YOUTH DEVELOPMENT FOR ALL COMMUNITIES WITH A HOLISTIC DEVELOPMENT FOCUS (SOCIAL/EMOTIONAL, PHYSICAL AND COGNITIVE/ACADEMIC). ADDITIONALLY, AFTERSCHOOL READERS IS IN PLACE IN ALL FOUR COUNTIES SERVED. AFTERSCHOOL READERS GIVES KIDS ACCESS TO BOOKS AND ENCOURAGES READING A MINIMUM OF 90 MINUTES PER WEEK IN THE AFTERSCHOOL PROGRAM.

CHILDREN HAVE THE CHANCE TO EXPRESS THEIR TALENTS IN THE ARTS, SPORTS, AND OTHER AREAS OF INTEREST, TAKING ADVANTAGE OF ALL THE Y HAS TO OFFER. KIDS FIND OUT WHAT SUCCESS IS ALL ABOUT IN AN APPROACH THAT SAYS, "EVERYBODY PLAYS, EVERYBODY WINS." TIME IS SET ASIDE FOR TACKLING HOMEWORK WITH ADULT HELP AVAILABLE.
PROGRAM COMPONENTS INCLUDE HEALTH AND WELLNESS, ACADEMICS, SCIENCE, TECHNOLOGY, ENGINEERING AND MATH ("STEM"), LEADERSHIP DEVELOPMENT, SERVICE LEARNING, ARTS EDUCATION, GLOBAL LEARNING AND PARENT AND CAREGIVER ENGAGEMENT. ALL YOUTH PARTICIPATE IN VALUE SESSIONS FOCUSING ON CHARACTER DEVELOPMENT AND ARE PROVIDED ENRICHMENT OPPORTUNITIES TO INCLUDE SWIMMING AND OUTDOOR RECREATION. EACH OF THESE PROGRAMS CONTRIBUTE TO DEVELOPING FAMILY INTERACTION AND COMMUNICATION, AS WELL AS EDUCATING CHILDREN IN THE IMPORTANCE OF FAMILY, COMMUNITY AND MAKING GOOD CHOICES FOR A HEALTHY FUTURE.

THE FRAMEWORK FOR EACH PROGRAM IS BASED ON THE CORE VALUES OF THE YMCA:

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CARING, HONESTY, RESPECT AND RESPONSIBILITY. WE RECOGNIZE THAT ALL CHILDREN CAN LEARN AND ACHIEVE AND THAT CHILDREN HAVE DIFFERENT LEARNING STYLES, DIFFERENT INTERESTS, AND DIFFERENT TALENTS WHICH CAN BE FOSTERED TO MAXIMIZE SUCCESS INSIDE AND OUTSIDE OF THE CLASSROOM. OUR YMCA PROVIDES HIGH QUALITY CURRICULUM USING MULTIPLE PARTNERS FOR ENRICHMENT PROGRAMS AND EVIDENCE BASED CURRICULUM SUCH AS KIDZMATH, KIDZSCIENCE, SANFORD HARMONY, THE FOOD AND FUN CURRICULUM DEVELOPED IN PART BY THE YUSA AND HARVARD RESEARCH CENTER. THE CURRICULUM IDENTIFIES, UTILIZES AND RECOGNIZES CULTURAL DIFFERENCES AND COMMONALITIES THROUGHOUT MOST ACTIVITIES AND ALIGNS WITH THE COMMON CORE STATE STANDARDS.

THE SCHOOL AGE PROGRAMS PROVIDING BEFORE AND AFTERSCHOOL CARE PROGRAMS OPERATES IN 60 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS AND YMCA SITES SERVING MORE THAN 7,000 CHILDREN THROUGHOUT THE SCHOOL YEAR. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS PROVIDED FOR APPROXIMATELY 20% OF THOSE CHILDREN TOTALING $601,000.

A SUCCESSFUL AFTERSCHOOL SIGNATURE ACADEMIC AND ENRICHMENT FOCUSED PROGRAM, THE ACHIEVEMENT GAP PROGRAM, CONTINUES TO GROW WITHIN PINELLAS, PASCO AND HERNANDO COUNTY SCHOOLS. THIS BEGAN AS A PILOT IN 2012 IN ONE ELEMENTARY SCHOOL AND HAS EXPANDED TO ELEVEN LOCATIONS IN 2017. KEY PROGRAM FEATURES COMBINE COMMUNITY PARTNERSHIPS AND JOINT EDUCATIONAL LEARNING AND TUTORING TO BENEFIT STUDENTS WHO ARE FALLING BEHIND. ALTHOUGH DESIGNED TO HELP THOSE THAT ARE FALLING BEHIND, ALL THE STUDENTS ENROLLED IN THE AFTERSCHOOL PROGRAM ARE BENEFITTING FROM SUPPLEMENTAL LEARNING THROUGH ACTIVITIES, GAMES, AND PROJECTS THAT ARE FUN AND ENGAGING. OUR PROGRAMS ALSO USE GRAFFITI WALL, A CURRICULUM

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FOCUSING ON GLOBAL LEARNING AND STEM. IT HAS GAMES, PUZZLES, ACTIVITIES AND PROJECTS THAT ENGAGE THE CHILDREN IN THINKING "OUTSIDE OF THE BOX" IN THESE COMPONENT AREAS.

THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY (JWB) FUNDED A NUMBER OF SLOTS FOR CHILDREN WITH FINANCIAL NEED TO ATTEND ONE OF SIX DIFFERENT ELEMENTARY SCHOOL SITES OF THE PROMISE TIME PROGRAM (FORMERLY COST, COMMUNITY OUT-OF-SCHOOL TIME) AT NO COST TO THEM. THE PROGRAM PROVIDES BEFORE AND AFTER-CARE STAFFING, TUTORS, SCHOOL LIAISONS AND ENRICHMENT LEARNING ACTIVITIES (ARTS, STEM). THE FUNDS PAY FOR THE Y TO INCORPORATE TUTORING AND ENRICHMENT COMPONENTS TO THESE ELEMENTARY SCHOOLS. A NEEDS ASSESSMENT FOR FAMILIES WAS INCLUDED.

THE YMCA AFTERSCHOOL PARTNERSHIP WITH PINELLAS COUNTY SCHOOLS IS ABLE TO PROVIDE NOT ONLY SNACKS BUT WEEKDAY DINNER MEALS TO ALL PARTICIPANTS AND FAMILIES IN MOST ELEMENTARY SCHOOLS IN THE COUNTY (ALL TITLE I SCHOOLS). IN HERNANDO AND CITRUS COUNTIES, SOME SCHOOLS ALSO OFFER THE FREE DINNER PROGRAM. THE ENROLLMENT COST TO CHILDREN IS FREE AND THE COST TO ADDITIONAL FAMILY MEMBERS IS NOMINAL. ALONG WITH THESE MEALS, YS OFFER EDUCATIONAL PROGRAMMING TO COMPLEMENT YOUTH DEVELOPMENT, INCREASE NUTRITIONAL QUALITY AND PHYSICAL ACTIVITIES FOLLOWING HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA) STANDARDS.

YMCA SUMMER CAMPS SERVE PRESCHOOL CHILDREN, SCHOOL AGE CHILDREN, AND TEENAGERS RESIDING IN OUR FOUR-COUNTY SERVICE AREA. KIDS HAVE FUN WHILE THEY LEARN HOW TO MAKE NEW FRIENDS, BUILD NEW SKILLS AND GROW IN SELF-CONFIDENCE. FOR KIDS, Y CAMP IS A FUN WAY TO ENJOY THE SUMMER. FOR MOMS AND DADS, IT'S A WAY TO GIVE THEIR CHILDREN A POSITIVE

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DEVELOPMENTAL EXPERIENCE. FOR PARENTS WHO WORK OUTSIDE THE HOME, Y CAMP ALSO SERVES AS CHILDCARE. SOME PARTICIPANTS ATTEND FOR THE SOCIAL AND EDUCATIONAL BENEFITS, EVEN THOUGH A PARENT MAY BE AT HOME. SERVICE BEGINS THE FIRST DAY OF SUMMER VACATION AND CONTINUES UNTIL SCHOOL BEGINS AGAIN IN THE FALL. FOR OVER 4,300 CHILDREN IN 2017, CAMP PROVIDED HIGH QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS GIVEN TO APPROXIMATELY 20% OF CAMPERS, TOTALING $243,000.

BASED ON THE NATIONAL YMCA PROGRAM MODEL, YMCA CAMP PROVIDES CHILDREN WITH AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING AND RESPECT FOR THE PURPOSE OF BUILDING SELF-ESTEEM THROUGH GROWTH OF THE SPIRIT, MIND, AND BODY. THIS IS ACCOMPLISHED THROUGH ACTIVITIES THAT INCLUDE FIELD TRIPS, CRAFTS, SONGS, ARCHERY, VALUES, FITNESS, SPORTS, NATURE ACTIVITIES, SWIMMING, AND CANOEING.

DEPENDING ON THE AGE LEVEL, STAFF RATIOS RANGE FROM 1:10 TO 1:15. CAMP FOCUSES ON THE INDIVIDUAL CAMPER-TO-COUNSELOR RELATIONSHIP BASED ON THE WORTH OF INDIVIDUALS AS A BIRTHRIGHT. THIS RELATIONSHIP IS THE PRIMARY VEHICLE FOR THE DEVELOPMENT OF POSITIVE SELF-ESTEEM, UPON WHICH, WE BELIEVE, ALL BEHAVIOR IS BASED. OUTDOOR EDUCATION, OUTDOOR SKILL DEVELOPMENT, AND SHARING OF INTERNATIONAL CULTURES THROUGH COUNSELOR EXCHANGE PROGRAMS REMAIN IMPORTANT PARTS OF THE CONTENT OF OUR PROGRAMS. AS "THE EXPERIENCE THAT LASTS A LIFETIME", YMCA CAMPING IS WHERE THE CHILD SPENDS THE MOST TIME DURING THE SUMMER - A RESPONSIBILITY THAT THE YMCA TAKES VERY SERIOUSLY.

THE BELL POWER SCHOLARS ACADEMY SUMMER PROGRAM OPERATED IN TWO SUMMER

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CAMP LOCATIONS AND INTRODUCED 240 SCHOLARS IN GRADES K-5 TO A CULTURE OF HIGH EXPECTATIONS. STUDENTS WERE ENCOURAGED TO "DISCOVER THE GENIUS WITHIN" THROUGH WEEKLY THEMES, COLLEGE AND CAREER READINESS OVER A SIX-WEEK PERIOD. PREVIOUSLY UNDERPERFORMING SCHOLARS INCREASED AN AVERAGE 1 MONTHS' GRADE-EQUIVALENT IN READING GAINS AND AN AVERAGE 2.5 MONTHS' GRADE EQUIVALENT IN MATH GAINS.

THE PINELLAS COUNTY SCHOOL BOARD CONTRACTED AGAIN WITH OUR ORGANIZATION TO PROVIDE WRAP AROUND CARE FOR THEIR SUMMER BRIDGE PROGRAM. WE SERVED OVER 800 CHILDREN (IN WRAP AROUND CARE) FUNDED IN FULL OR IN PART BY THE JUVENILE WELFARE BOARD TO ATTEND THE SUMMER SCHOOL LEARNING SESSIONS. MANY OF THESE CHILDREN WOULD NOT HAVE HAD A YMCA SUMMER CAMP EXPERIENCE WITHOUT BEING INVOLVED IN THIS FREE PROGRAM TO BRING THEM CLOSER TO THEIR GRADE LEVEL REQUIREMENTS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
IN PINELLAS COUNTY, THREE FEE-BASED MIDDLE SCHOOL PROGRAMS OPERATE CALLED Y LEARNING ACADEMIES. THESE Y LEARNING ACADEMIES CREATE STUDENTS WHO ARE PASSIONATE AND ENGAGED IN THEIR EDUCATION THROUGH HANDS ON LEARNING IN STEM FIELDS. TEACHERS WORK WITH THE YMCA TO COORDINATE LEARNING FROM THE SCHOOL DAY WITH THE AFTER SCHOOL PROGRAM AND PROVIDE HOMEWORK ASSISTANCE AND TUTORING. PERSONAL ENRICHMENT (PE) CLUBS INCLUDE CHOICES OF TECHNOLOGY, SPORTS SCIENCE, ENGINEERING, ART EDUCATION, LIFE SKILLS AND MORE. ACADEMIC ENRICHMENT (AE) FOLLOWS A PROJECT BASED LEARNING (PBL) FORMAT IN ORDER TO SHOWCASE THE ASSESSMENT, STANDARDS, AND EDUCATIONAL SUPPORTS. AE CATEGORIES INCLUDE SCIENCE, MATH, LANGUAGE ARTS, NUTRITION AND WELLNESS, CHARACTER EDUCATION, ENGINEERING, TECHNOLOGY, AND COLLEGE AND CAREER PREPARATION.

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HANDS ON OPPORTUNITIES IN CODING, VIDEO PRODUCTION, ROBOTICS, PODCASTING, PROGRAMMING, AND OTHER STEM PROJECTS MAKE THE Y LEARNING ACADEMIES THE VEHICLE BY WHICH MIDDLE SCHOOL STUDENTS ACHIEVE GREATER SUCCESS IN THEIR ACADEMIC PURSUITS AND IN THEIR LIVES, HELPING MORE STUDENTS ACHIEVE HIGH SCHOOL GRADUATION, COLLEGE ATTAINMENT, AND TRANSITION INTO STEM FIELDS IN THE WORKFORCE. THE Y LEARNING ACADEMIES MEASURE SUCCESS USING A PRE- AND POST-TEST TO TRACK THE INCREASE IN STUDENT KNOWLEDGE OF AND INTEREST IN STEM FIELDS. OUTCOMES WE EXPECT TO ACHIEVE ARE 75% OF STUDENTS WILL INCREASE THEIR INTEREST IN STEM FIELDS OVER NON-STEM FIELDS FROM PRE- TO POST-PROGRAM ASSESSMENT, AND 80% OF STUDENTS WILL BE ABLE TO IDENTIFY AT LEAST FIVE PROFESSIONAL STEM CAREER TRACKS.

IN 2017 THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY FUNDED THE PURCHASE OF 10 ZSPACE VIRTUAL REALITY COMPUTER SYSTEMS THAT ALLOW STUDENTS EXPOSURE TO STEM LESSONS IN AN AUDIO VISUAL, VIRTUAL REALITY INTERACTIVE FORMAT. THESE WORKSTATIONS ARE NOW USED IN THREE PINELLAS COUNTY MIDDLE SCHOOLS ALLOWING STUDENTS TO SUPPLEMENT CLASSROOM LEARNINGS AND MAKE STEM CONCEPTS FUN.

YMCA SWIM, SPORTS AND PLAY PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL: EVERY CHILD PLAYS IN EVERY GAME. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND GOOD NUTRITION, AND LEARN WAYS TO HAVE FUN. BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER POINTS SCORED, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT. THE YMCA

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KNOWS THAT WITH THIS APPROACH EVERYONE WINS-UNDEFEATED IN SPIRIT, MIND AND BODY.

DURING THE YEAR, THE YOUTH SPORTS PROGRAMS SERVED 3,200 CHILDREN IN YOUTH BASEBALL, DANCE, GYMNASTICS, YOUTH SOCCER, YOUTH FLAG FOOTBALL, YOUTH BASKETBALL, YOUTH TENNIS, YOUTH TAE KWON DO, YOUTH VOLLEYBALL, SWIM TEAMS, YOUTH TRACK AND FIELD AND MANY OTHERS.

THE YMCA OF THE SUNCOAST USES THE SEARCH INSTITUTE'S 40 DEVELOPMENTAL ASSETS MODEL TO MEASURE THE SUCCESS OF OUR YOUTH AND TEEN PROGRAMS. THROUGH EXTENSIVE RESEARCH, THE SEARCH INSTITUTE HAS IDENTIFIED 40 POSITIVE EXPERIENCES AND QUALITIES THAT ALL YOUTH AND TEENS NEED TO BECOME HEALTHY, CONTRIBUTING ADULTS. THE YMCA HELPS TO PROVIDE THESE ASSETS IN THE LIVES OF THE YOUTH AND TEENS WE SERVE. FOR EXAMPLE, ONE OF THE ASSETS IS HONESTY. WHEN WE SURVEYED, THROUGH SEER ANALYTICS, THE PARENTS OF YOUTH IN CHILD CARE, 99% REPORTED THAT THEY FEEL THE YMCA STAFF CREATE AN ENVIRONMENT WHERE IT'S IMPORTANT FOR THEIR CHILD TO TELL THE TRUTH, EVEN WHEN IT'S NOT EASY. RESPECT IS ANOTHER OF THE ASSETS; 100% OF PARENTS FEEL THE YMCA STAFF CREATE AN ENVIRONMENT WHERE IT IS IMPORTANT TO RESPECT OTHERS.

THE Y HAS ALSO COMMITTED TO SERVING INDIVIDUALS WITH SPECIAL NEEDS AND CHALLENGES THROUGH CAMP COAST (CHILDREN ON THE AUTISM SPECTRUM TOGETHER). THE PROGRAM PROVIDES CHILDREN WITH AUTISM A SPECIALIZED AND VALUABLE DAY CAMP EXPERIENCE THAT ALLOWS THEM TO FEEL COMFORTABLE IN A SAFE, FUN AND NURTURING ENVIRONMENT. CAMP COAST IS DESIGNED FOR CHILDREN ON THE AUTISM SPECTRUM BETWEEN THE AGES OF 5-10.

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IN 2017, THE YMCA OF THE SUNCOAST SERVED CLOSE TO 13,000 TWEENS AND TEENS (BETWEEN THE AGES OF 11-17) IN A VARIETY OF PROGRAMS AND THROUGH Y MEMBERSHIPS. YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS, REFLECTING THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS.

THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 20 STUDENTS FROM HIGH SCHOOLS IN PINELLAS AND CITRUS COUNTIES. ACTIVITY DAYS EXPOSE THE TEENS TO LOCAL GOVERNMENT LEADERS AND BUSINESS OPERATORS FOR LEADERSHIP AND BETTER UNDERSTANDING OF THEIR COUNTY. STUDENTS LEARN FIRST-HAND ABOUT GOVERNMENT AND CIVIC ISSUES, COLLABORATE ON POSSIBLE SOLUTIONS AND CULMINATE ONCE A YEAR WITH A STATE CONFERENCE IN TALLAHASSEE WITH OTHER TEENS FROM AROUND THE STATE. AT THE STATE CONFERENCE, MEMBERS OF THE SUNCOAST YMCA DELEGATION WON AWARDS FOR PARTICIPATION IN ACTIVITIES SUCH AS BILL WRITING, JUDICIAL PROCEEDINGS, AND DEBATING. SOME IN OUR GROUP EARNED PRESITGIOUS POSITIONS AT THE STATE DELEGATION INCLUDING ONE FOR THE SENIOR JUSTICE OF THE SUPREME COURT.

WE CONTINUE TO HAVE POPULAR TEEN CENTERS AT OUR CLEARWATER, HIGH POINT, GREATER RIDGECREST, NORTH PINELLAS, HERNANDO COUNTY, JAMES P. GILLS FAMILY AND GREATER PALM HARBOR BRANCHES. WE CONTINUE TO SERVE TEENS WELL AND LOOK TO FIND MORE WAYS TO ENGAGE TEENS IN YMCA PROGRAMS.

DEVELOPED IN PARTNERSHIP WITH THE ORGANIZATION LEADERSHIP CITRUS, YOUTH LEADERSHIP CITRUS SEEKS TO EDUCATE INTERESTED HIGH SCHOOL TEENS LIVING

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IN CITRUS COUNTY, FLORIDA ON COMMUNITY ISSUES, DEVELOP LEADERSHIP POTENTIAL AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES. THE ANNUAL 9-MONTH PROGRAM IS A PARTNERSHIP BETWEEN LEADERSHIP CITRUS, THE CITRUS COUNTY CHAMBER OF COMMERCE AND THE CITRUS COUNTY YMCA. ACTIVITIES BRING TOGETHER PEOPLE OF DIVERSE BACKGROUNDS FROM THE PUBLIC AND PRIVATE SECTORS. THE YOUTH PROGRAM IS DESIGNED FOR STUDENTS ENTERING THEIR JUNIOR YEAR OF HIGH SCHOOL TO FOSTER INVOLVEMENT IN COMMUNITY SERVICES. EACH CLASS HAS THE OPPORTUNITY TO MEET COMMUNITY DECISION MAKERS AND GRADUATES ARE BETTER PREPARED TO TAKE ON LEADERSHIP ROLES OF THEIR OWN. THE CLASS RUNNING THROUGH SPRING 2017 INCLUDED 24 STUDENTS.

LEADERS CLUBS MEET AT SEVERAL OF OUR YMCA BRANCHES. THE PROGRAM INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDS SELF-ESTEEM AND A SENSE OF ACCOMPLISHMENT THROUGH A SERIES OF WELL-ROUNDED TRAININGS IN THE AREA OF PHYSICAL EDUCATION, HEALTHY LIVING, PERSONAL GROWTH, AND VALUES. STUDENTS LEARN VALUABLE WORK AND COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY. YOUTH AGES 12 - 17 MEET REGULARLY FOR WORKSHOPS, PROGRAM UPDATES AND RECREATIONAL ACTIVITIES.

TEENS FROM AROUND THE COUNTRY GATHERED AT BLUE RIDGE LEADERS SCHOOL IN BLUE RIDGE, NORTH CAROLINA FOR A WEEK-LONG PROGRAM THAT TEACHES TEEN LEADERSHIP DEVELOPMENT THROUGH YMCA HEALTH AND PHYSICAL EDUCATION. THE YMCA OF THE SUNCOAST SENT 31 LOCAL TEENS FROM OUR LEADERS CLUBS TO PARTICIPATE IN HEALTHY ACTIVITIES WHILE DEMONSTRATING TRADITIONAL CHRISTIAN VALUES.

THE HIGH POINT YMCA HELD A TEEN ACHIEVERS SUMMER CAMP FOR 16 LOCAL

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YOUTH BETWEEN THE AGES OF 12-16. TEENS TOURED LOCAL COMPANIES IN SEVERAL OCCUPATIONAL FIELDS TO BETTER UNDERSTAND THE CAREER PATH REQUIRED TO ACHIEVE POSITIONS IN THESE COMPANIES. FIELD TRIPS INCLUDED EXPOSURE TO THE LOCAL COLLEGE, COUNTY GOVERNMENT, AS WELL AS SESSIONS ON USING PUBLIC TRANSPORTATION AND PREPARING THEMSELVES FOR THE UPCOMING SCHOOL YEAR. TEENS PARTICIPATED IN SERVICE PROJECT TIME BY ASSISTING WITH FEEDING AMERICA FOOD DISTRIBUTION.

WE CONTINUE WORK IN OUR EARLY LEARNING READINESS (ELR) PROGRAM AT THE HIGH POINT YMCA WITH TWO ONGOING GROUPS OF CAREGIVERS AND CHILDREN. THIS FREE PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND IS FOR CAREGIVERS, PARENTS AND THEIR CHILDREN AGED FIVE AND UNDER. THE Y'S PROGRAM IS DESIGNED TO HELP CHILDREN WITH LANGUAGE SKILLS AND HELP THEM ENTER SCHOOL READY TO SUCCEED. IN 2017, THE PROGRAM GAVE 45 PARENTS, CAREGIVERS AND CHILDREN SKILLS TO ENCOURAGE LEARNING.

WE OFFER CHILDREN THE OPPORTUNITY TO LEARN TO FISH AND RESPECT THE ENVIRONMENT WITH THREE KIDS' FISHING TOURNAMENTS HELD ACROSS THE SERVICE AREA DURING THE YEAR. APPROXIMATELY 500 CHILDREN BENEFIT FROM THESE VOLUNTEER-LED EVENTS EACH YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2017, WE PROVIDED $748,000 IN DIRECT FINANCIAL ASSISTANCE FOR MEMBERSHIPS AND PROGRAMS TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.

FOR MORE THAN 170 YEARS, THE YMCA HAS INCLUDED AN EQUILATERAL TRIANGLE

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IN ITS LOGO AS A SYMBOL OF WELLNESS, THE PURSUIT OF WHICH HAS LONG BEEN ONE OF THE ORGANIZATION'S SOUGHT AFTER OUTCOMES. REPRESENTATIVE OF A BALANCED SPIRIT, MIND AND BODY, THE EQUILATERAL TRIANGLE HAS OFTEN BEEN DRAWN INSIDE OF A CIRCLE REPRESENTING THE SOCIAL DIMENSION OF HEALTH - OUR RELATIONSHIPS AND CONNECTIONS TO OTHER PEOPLE BEING A KEY COMPONENT OF OUR WELLNESS.

THE YMCA OF THE SUNCOAST PROVIDES NUMEROUS HEALTH AND WELLNESS PROGRAMS FOR ITS MEMBERS AND PROGRAM PARTICIPANTS. AMONG CHILDREN AND FAMILIES, THE YMCA PROMOTES THE IMPORTANCE OF A PHYSICALLY ACTIVE LIFESTYLE THROUGH PROGRAMS LIKE PERSONAL TRAINING, ACTIVE OLDER ADULTS, CPR/FIRST AID, YMCA MEMBERSHIP, FAMILY NIGHTS, DIABETES PREVENTION, WALKING AND RUNNING CLUBS, SOCIAL GROUPS, ADULT SPORTS, FAMILY NIGHTS, AND MANY OTHERS. TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCAS BY PARTICIPATING IN YMCA OF THE USA HEALTH INNOVATION. ON A NATIONAL LEVEL, THE Y CONTINUES TO SUPPORT FORMER FIRST LADY MICHELLE OBAMA'S PARTNERSHIP FOR A HEALTHIER AMERICA INITIATIVE. THE COMMITMENT FOCUSES ON ENDING THE CHILDHOOD OBESITY EPIDEMIC AND WORKS WITH THE PRIVATE SECTOR TO SOLVE THE NATION'S CHILDHOOD OBESITY CRISIS. YMCAS HAVE ALWAYS BEEN COMMITTED TO FOSTERING HEALTHY ENVIRONMENTS FOR THOSE IN ITS CARE. THIS COMMITMENT ESTABLISHES STANDARDS HELPING TO CREATE THE HEALTHIEST ENVIRONMENTS POSSIBLE. MOST IMPORTANTLY, THE Y'S COMMITMENT MEANS THAT WE CAN HELP MAKE THE HEALTHY CHOICE THE EASY CHOICE FOR THE HUNDREDS OF THOUSANDS OF BUSY PARENTS WHO RELY ON THE Y FOR EARLY CHILDHOOD AND AFTERSCHOOL PROGRAMS.

FOR ADULTS THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THE PEOPLE WHO MOST NEED OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES. USING NEW

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DATA COLLECTION TECHNIQUES LEARNED AS A RESULT OF OUR CONTINUING PARTICIPATION IN YMCA OF THE USA HEALTH INNOVATION INITIATIVES, THE YMCA OF THE SUNCOAST PAID PARTICULAR ATTENTION TO THE WAY IN WHICH WE ENGAGED HEALTH SEEKERS LOOKING AT OUR PROGRAMS THROUGH A NEW LENS. WITH OUR HEALTHY LIVING FRAMEWORK, WE'RE FOCUSING ON PROMOTING WELL-BEING, REDUCING RISK, AND RECLAIMING HEALTH. MANY ARE FIGHTING CHRONIC DISEASE, AND IT IS OUR GOAL TO HELP EACH INDIVIDUAL FIND HIS OR HER WAY TO THE PROGRAM OR PLACE IN OUR YMCA THAT WILL BEST HELP THEM CONNECT TO A LIFE CHANGING ACTIVITY, GROUP, OR NEW BEHAVIOR. WE ARE INCREASINGLY MEASURING THE CONNECTIONS AMONG MEMBERS THAT SUSTAIN AND SUPPORT THESE BEHAVIORS. IN SO DOING, WE HOPE TO IDENTIFY AND BUILD ON SUCCESSFUL STEPS INTRODUCED BY OUR STAFF TEAMS TO THIS EFFORT.

IN LATE 2016, WE ADDED A POSITION, THE VICE PRESIDENT OF HEALTHY LIVING, TO OVERSEE, DEVELOP AND IMPLEMENT HEALTHY LIVING PROGRAMMING AND SERVICES FOR ALL AND PROMOTE YMCA HEALTH AND WELLNESS INITIATIVES. THIS INDIVIDUAL BUILDS AND MAINTAINS COLLABORATIONS WITH COMMUNITY HEALTH PARTNERS SUCH AS LOCAL HOSPITALS, PHYSICIANS, STATE, COUNTY AND LOCAL GOVERNMENT AGENCIES, AND LARGE EMPLOYERS TO INCORPORATE PRINCIPLES OF HEALTHY LIFESTYLES INTO OUR WORK AS WELL AS PROVIDE REFERRAL AND SUPPORT TO YMCA EVIDENCE BASED PROGRAMS FOR PREVENTION AND MANAGEMENT OF CHRONIC DISEASES. OTHER HEALTH AND WELLNESS INITIATIVES INTRODUCED BY YMCA OF THE USA ARE REGULARLY PILOTED AND TESTED IN OUR ORGANIZATION.

THREE ONGOING YMCA OF THE USA-DEVELOPED PROGRAMS INCLUDE ENHANCEFITNESS, MOVING FOR BETTER BALANCE AND THE BLOOD PRESSURE SELF-MONITORING PROGRAM. CLASSES FOR EACH ARE HELD OVER 12 OR 16-WEEK

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PERIODS AND HELP OLDER ADULTS AND OTHERS LEARN TECHNIQUES TO IMPROVE STRENGTH, COORDINATION AND PERSONAL HEALTH AWARENESS. THESE CLASSES SERVED 751 PARTICIPANTS IN 2017. ENHANCEFITNESS IS A 16-WEEK SENIOR FITNESS AND ARTHRITIS MANAGEMENT PROGRAM THAT HELPS OLDER ADULTS BECOME MORE ACTIVE, ENERGIZED AND EMPOWERED FOR INDEPENDENT LIVING. EXERCISES FOCUS ON CARDIOVASCULAR ENDURANCE, STRENGTH, BALANCE AND FLEXIBILITY, WHICH CAN REDUCE ARTHRITIS SYMPTOMS. MOVING FOR BETTER BALANCE IS A 12-WEEK FALLS-PREVENTION PROGRAM. THIS PROGRAM TRANSFORMS MARTIAL ARTS MOVEMENTS INTO A THERAPEUTIC REGIMEN THAT IMPROVES POSTURAL STABILITY, AWARENESS OF BODY POSITIONING, FUNCTIONAL WALKING, AND MOVEMENT SYMMETRY AND COORDINATION, RANGE OF MOTION AND LOWER BODY MUSCLE STRENGTH. LASTLY, THE BLOOD PRESSURE SELF-MONITORING PROGRAM IS A YMCA OF THE USA DEVELOPED, EVIDENCE BASED PROGRAM. LEARNINGS FOCUS ON REDUCING BLOOD PRESSURE (BP), BP MANAGEMENT AND INCREASED AWARENESS OF TRIGGERS THAT ELEVATE IT AND KNOWLEDGE TO DEVELOP HEALTHIER EATING HABITS. IN THIS PROGRAM, PARTICIPANTS WORK WITH A TRAINED HEALTHY-HEART AMBASSADOR TWICE PER MONTH FOR 4 MONTHS, TRACK BLOOD PRESSURE FROM HOME AND ATTEND MONTHLY NUTRITION WORKSHOPS.

ONGOING PROGRAMS CONTINUE TO IMPACT IN OUR COMMUNITY. THE YMCA'S DIABETES PREVENTION PROGRAM CONTINUES TO THRIVE SERVING 131 INDIVIDUALS AT RISK THIS YEAR. THIS PROGRAM'S FOCUS IS TO HELP THOSE AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES ADOPT AND MAINTAIN HEALTHY LIFESTYLES BY EATING HEALTHIER, INCREASING PHYSICAL ACTIVITY AND LOSING A MODEST AMOUNT OF WEIGHT TO REDUCE THEIR CHANCES OF DEVELOPING THE DISEASE. OUR KEY AUDIENCE FOR THIS PROGRAM HAS TRADITIONALLY BEEN THE OLDER ADULT POPULATION. YMCA OF THE SUNCOAST ALSO PARTNERS WITH LARGE LOCAL EMPLOYERS TO PROVIDE CLASSES TO THEIR WORKFORCE.

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THE YMCA OF THE SUNCOAST CONTINUED TO BE A PARTNER WITH LIVESTRONG. THE Y HAS MANY LIVESTRONG GROUPS THAT ADDRESS THE SPECIAL WANTS, NEEDS AND INTERESTS OF CANCER SURVIVORS. ACROSS OUR SERVICE AREA, 160 PARTICIPANTS WERE INVOLVED IN LIVESTRONG CLASSES AND SUPPORT. DUE TO THE PROGRAM'S SUCCESS, THE NORTH PINELLAS BRANCH PARTNERED FOR A FIFTH YEAR WITH MORTON PLANT MEASE, BAYCARE HEALTH SYSTEMS, TO ACT AS CAMP COUNSELORS FOR MEASE'S CAMP LIVING SPRINGS IN OCTOBER 2017. THE CAMP SERVED 70 CANCER SURVIVORS AND THE Y DESIGNED THE CAMP'S ITINERARY.

THE YMCA CONTINUES TO OFFER A HOST OF PROGRAMS FOR ADULTS INCLUDING SWIMMING GROUPS, WALKING AND RUNNING CLUBS, YOGA, PILATES, STRESS MANAGEMENT, PERSONAL TRAINING, GROUP EXERCISE, ACTIVE OLDER ADULTS, STRENGTH TRAINING, SOCIAL GROUPS AND MUCH MORE. WE CONTINUE TO INTEGRATE LES MILLS EXERCISE CLASSES INTO OUR GROUP EXERCISE SCHEDULES INCLUSIVE OF POPULAR STRENGTH TRAINING CLASSES, MARTIAL ARTS-STYLE CARDIO CLASSES, AND CYCLING CLASSES.

ADULT SPORTS PROGRAMS INCLUDE ADULT BASKETBALL, ADULT TENNIS, ADULT SWIM LESSONS AND SWIM LEAGUES, ADULT VOLLEYBALL, ADULT TENNIS, RACQUETBALL, AND OTHERS. PROGRAMS OFFERED MEET THE NEEDS OF THE MEMBERS IN EACH LOCAL COMMUNITY.

WITH ITS COMMITMENT TO NEVER TURN A PERSON OR FAMILY AWAY BECAUSE OF AN INABILITY TO PAY FOR SERVICES, THE YMCA CONTINUES TO BE THE PLACE IN THE COMMUNITY THAT PERSONS OF ALL INCOMES AND BACKGROUNDS CAN FIND PROFESSIONAL SUPPORT FOR HEALTHY BEHAVIOR CHANGES. THE YMCA OF THE SUNCOAST PROVIDES FINANCIAL ASSISTANCE FOR ALL PERSONS IN NEED.

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CHARITABLE CONTRIBUTIONS TO THE YMCA ENABLE US TO PROVIDE FINANCIAL ASSISTANCE ON A SLIDING SCALE. WE PROMISE THAT EVERYONE WHO QUALIFIES WILL RECEIVE ASSISTANCE TO THE GREATEST EXTENT POSSIBLE BASED ON THE AVAILABILITY OF FUNDS.

SENIOR PROGRAMMING FOR ACTIVE OLDER ADULTS IS A LARGE PART OF OUR HEALTH AND WELLNESS OFFERINGS. WITH MANY RETIREMENT COMMUNITIES ACROSS OUR SERVICE AREA, SENIORS NOT ONLY COME TO THE Y FOR PHYSICAL EXERCISE AND WELLNESS, BUT SOCIALIZATION AND CAMARADERIE AMONG FRIENDS. ALONG WITH MANY SENIOR FITNESS CLASSES AND PROGRAMS, WE ALSO HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP BUILDING AMONG OUR SENIOR COMMUNITIES. IN 2017, FOUR OF OUR YMCA BRANCHES OFFERED DIY AT THE Y ("DO IT YOURSELF AT THE Y"), AN INITIATIVE THAT GIVES OLDER ADULTS, THAT HAVE A PASSION AND EXPERTISE IN SOMETHING AN OPPORTUNITY TO VOLUNTEER TO TEACH OTHERS. SAMPLE CLASSES INCLUDE KNITTING, QUILTING, BIBLE STUDY, GARDENING, HOW TO BUILD A BIRD HOUSE, HOW TO PLAY BRIDGE & MAHJONG AND MANY MORE.

YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEES. THE YMCA TAUGHT 4,500 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO AND PINELLAS COUNTIES IN 2017. DROWNING IS THE SECOND-LEADING CAUSE OF DEATH IN CHILDREN IN THIS COMMUNITY. WE FEEL LEARNING TO SWIM IS A NECESSITY, NOT A LUXURY. LEARN-TO-SWIM LESSONS ARE CONDUCTED DAILY THROUGHOUT THE YEAR FOR

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INFANTS FROM SIX-MONTHS OLD TO ADULTS. IN YMCA AQUATICS PROGRAMS, CHILDREN LEARN TO BE SAFE AROUND WATER AND THEY FEEL THE SENSE OF ACCOMPLISHMENT THAT COMES WITH LEARNING SOMETHING NEW. YOUTH PROGRESSIVE SWIMMING IS THE YMCA'S THIRD MOST WIDELY OFFERED PROGRAM NATIONWIDE. IT USES A PROBLEM-SOLVING, GUIDED-DISCOVERY TEACHING APPROACH IN A POSITIVE, CARING ENVIRONMENT. KIDS CAN DEVELOP LIFELONG SKILLS THAT CAN HELP THEM STAY SAFE AND HEALTHY.

DURING THE SPRING AND SUMMER, EIGHT Y BRANCHES OFFERED SAFETY AROUND WATER, A WEEK OF FREE SWIMMING LESSONS PROVIDED TO SCHOOL-AGE CHILDREN. IN 2017, 1,100 CHILDREN PARTICIPATED IN ONE OR MORE WEEKS OF CLASSES. THE FUNDING CAME FROM GRANTS AND PRIVATE DONATIONS.

CLASSES AND PROGRAMS ARE PROVIDED TO HELP ELDERLY PEOPLE MAINTAIN THEIR SELF-SUFFICIENCY AND INDEPENDENCE BY MAINTAINING A HEALTHY LIFESTYLE. THE ARTHRITIS AND WATER EXERCISE CLASSES ARE DESIGNED ESPECIALLY FOR SENIORS TO MAINTAIN MUSCLE TONE AND FLEXIBILITY USING THE WATER TO CUSHION THE JOINTS. IN ADDITION TO ENHANCING MOTOR FUNCTION, THESE PROGRAMS SERVE A PREVENTATIVE HEALTH FUNCTION IN THAT THEY MAY PREVENT OR POSTPONE THE NEED FOR SURGERIES.

IN ADDITION, AQUATIC EXERCISE CLASSES FOR PEOPLE WITH DISABILITIES ARE AVAILABLE, OFTEN WITH ASSISTANCE FROM SPECIALIZED POOL LIFTS. STAFF IS TRAINED TO ACCOMMODATE INDIVIDUAL NEEDS. SPECIAL POPULATION CLIENTS ARE INTERVIEWED INDIVIDUALLY AND MATCHED WITH A COMPATIBLE STAFF PERSON. AS CLIENTS PROGRESS WITH THEIR PHYSICAL STRENGTHENING, THEIR PROGRAMS ARE CHANGED TO SUIT THEIR NEEDS. THIS MAY INCLUDE ACTUAL SWIMMING INSTRUCTION, SURVIVAL TECHNIQUES IN WATER, WALKING, NAUTILUS, ETC. THIS

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PROGRAM IS ONGOING AND YEAR-ROUND. NOT ONLY DOES IT GIVE THEM POSITIVE EXPERIENCES, IT STRENGTHENS THEM PHYSICALLY AND ALLOWS THEM TO SOCIALIZE WITH OTHERS IN A CARING ATMOSPHERE.

YMCA POOLS ARE ALSO USED FOR SCUBA PROGRAMS, PRIVATE SWIM LESSONS, SWIM TEAMS AND MEETS, AND LIFEGUARD TRAINING CLASSES. THE YMCA CONTINUES TO PROVIDE POOLS FOR AREA HIGH SCHOOL SWIM TEAMS TO PRACTICE AND CONDUCT MEETS.

THE YMCA OF THE SUNCOAST HAS ESTABLISHED FAMILY AQUATIC CENTERS AT MOST OF OUR FACILITIES INCLUDING NORTH PINELLAS, HIGH POINT, GREATER RIDGECREST, GREATER PALM HARBOR, JAMES P. GILLS FAMILY, HERNANDO COUNTY AND CITRUS YMCA BRANCHES. THESE CENTERS FEATURE SLIDES AND INTERACTIVE DESIGN WITH FOUNTAINS, SPRAYS AND ACTIVITIES. SEVERAL LOCATIONS FEATURE A ZERO-DEPTH ENTRY POOL. OUR CLEARWATER YMCA HAS AN INDOOR POOL.

THREE AGENCIES JOINED TO LAUNCH THE FOURTH SUMMER WITH "BE WATER SMART FROM THE START" PROGRAMMING ACROSS THE TAMPA BAY AREA COORDINATED BY THE YMCA OF THE SUNCOAST, TAMPA METROPOLITAN AREA YMCA AND THE YMCA OF GREATER ST. PETERSBURG. FREE SWIM AND WATER SAFETY EDUCATION AND LESSONS WERE PROVIDED TO AN ADDITIONAL 1,100 YMCA OF THE SUNCOAST YOUTH IN SUMMER CAMPS AND YMCA BRANCHES TO EXPAND EXISTING SAFETY AROUND WATER PROGRAM OFFERINGS IN OTHER MONTHS OF THE YEAR. THE FUNDING PARTNERS INCLUDE THE RAYS BASEBALL FOUNDATION, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY AND THE UNITED WAY SUNCOAST.

SUBSIDIES VALUED AT NEARLY $100,000 WERE PROVIDED TO OVER 2,000 CHILDREN AND ADULTS IN FREE AND DISCOUNTED SWIMMING CLASSES DURING THE

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YEAR. THE YMCA WORKS HARD TO CONTINUOUSLY MEET COMMUNITY NEEDS AND MAKE OUR PROGRAMS AND SERVICES AVAILABLE TO EVERYONE. THROUGH OUR MISSION OF DEVELOPING HEALTHY SPIRIT, MIND AND BODY FOR ALL, WE SERVE PEOPLE OF ALL FAITHS, RACES, NATIONAL ORIGINS, ABILITIES, AGES AND INCOMES. IN 2017, OUR YMCA ORGANIZATION PROVIDED AN OVERALL $1,540,000 IN FULL AND PARTIAL SCHOLARSHIPS TO PEOPLE WHO WOULD OTHERWISE NOT HAVE BEEN ABLE TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES.

THE NORTH PINELLAS BRANCH YMCAS SERVED 80 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAM IN 2017. THERE ARE MANY ADULTS WHO ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA. MANY OF THESE ADULTS ARE ISOLATED DUE TO THE FACT THAT THEY ARE NEW TO THE AREA, THEY ARE UNABLE TO INDEPENDENTLY GET THEMSELVES OUT OF THEIR OWN ENVIRONMENT, OR THEY DO NOT HAVE A CIRCLE OF FRIENDS. THESE INDIVIDUALS DO NOT CONSIDER THEMSELVES HANDICAPPED; RATHER THEY ARE CHALLENGED FOR INDEPENDENT LIVING. THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES. THE GOAL WITHIN THE PROGRAM IS TO ENCOURAGE AND SUPPORT SINGLE "CHALLENGED ADULTS" TO MEET AND SOCIALIZE WITH THEIR PEERS AND TO EXPERIENCE THE ENJOYMENT OF FRIENDSHIP, FUN, AND PHYSICAL ACTIVITY. PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE PASCO/UPPER PINELLAS AREA ARE ABLE TO PARTICIPATE IN A PROGRAM THAT ALLOWS THEM TO GROW IN SPIRIT, MIND AND BODY THROUGH INTERACTION WITH FRIENDS, EXPRESSING THEIR CREATIVITY, AND PARTICIPATING IN RECREATIONAL PROGRAMS.

WE CONTINUED TO OFFER A PROGRAM CALLED SALSA, SABOR Y SALUD. THIS HEALTHY LIVING PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND APPROACHES

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THE BASICS OF HEALTHY EATING AND NUTRITION, ACTIVE LIVING AND EXERCISE, AND STRENGTHENS THE FAMILY THROUGH SMALL STEPS TOWARD POSITIVE CHANGE. THIS PROGRAM WAS OFFERED AT OUR CLEARWATER YMCA THIS YEAR.

THE YMCA OF THE SUNCOAST WILL CONTINUE SERVING THE CHILDREN AND FAMILIES IN OUR SERVICE AREA, USING OUR LEARNINGS TO IMPROVE OUR SERVICE AND HELP PEOPLE GROW IN SPIRIT, MIND AND BODY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE YMCA OF THE SUNCOAST, GUIDED BY ITS STRATEGIC PLAN, SETS GOALS TO CREATE A CULTURE OF PHILANTHROPY AND VOLUNTEERISM. THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING AND SERVING. OUR PLAN GIVES FUNDING PRIORITY TO INCREASING OUR ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATING AND EXPANDING PROGRAMS TO SERVE DIVERSE AND LOW INCOME COMMUNITIES, SUSTAIN HEALTHY LIVING PROGRAMS, CLOSE THE ACADEMIC ACHIEVEMENT GAP AND EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION, EXPAND THE AQUATICS PROGRAM SO THAT EVERY CHILD WITHIN OUR SERVICE AREA PARTICIPATES IN A BEGIN TO SWIM PROGRAM, AND INCREASE FUNDING FOR OUR ENDOWMENT.

THE Y'S VOLUNTEER PROGRAM Y COMMUNITY CHAMPIONS CONTINUES TO GROW AND EXPAND WITHIN THE Y. CONTINUOUS IMPROVEMENT TO PROCESSES AND RESOURCES ALLOW THE Y TO BETTER INVOLVE COMMUNITY MEMBERS IN MEANINGFUL AND VALUABLE WORK. AS A VOLUNTEER-LED ORGANIZATION, THE Y CANNOT THRIVE WITHOUT THE SUPPORT OF VOLUNTEERS. WE HONOR YOUTH AND ADULT PROGRAM VOLUNTEERS FROM EACH BRANCH AT AN ANNUAL CELEBRATION AS WELL AS LOCALLY AT EACH BRANCH THROUGH VARIOUS FORMS OF RECOGNITION AND THANKS. IN

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2017, THE YMCA OF THE SUNCOAST'S VOLUNTEER BASE GREW TO 1,027 ACTIVE VOLUNTEERS AND THE TOTAL NUMBER OF HOURS EXCEEDED 52,000. THIS EQUATES TO MORE THAN 25 FULL TIME EQUIVALENT EMPLOYEES.

OUR Y IS FORTUNATE TO BENEFIT FROM TALENTED AND DEDICATED POLICY VOLUNTEERS PARTICIPATING AT THE BOARD OF DIRECTORS AND ADVISORY BOARDS AT EACH OF OUR BRANCHES. THESE INDIVIDUALS ADVISE ON STRATEGIES, RECOMMEND POLICIES, LOCATE COLLABORATIONS IN THE COMMUNITY, AND ACTIVELY FUNDRAISE. THEIR GUIDANCE AND OVERSIGHT IS CRITICAL TO MAINTAIN OUR STRONG REPUTATION, FINANCIAL POSITION, COMMUNITY ROOTS AND SO MUCH MORE. A TOTAL OF 142 REPRESENTATIVES OF THE COMMUNITY SERVE AS BOARD OF DIRECTORS AND ADVISORY BOARD MEMBERS.

IN 2017, THE YMCA OF THE SUNCOAST HELD ITS TWELFTH ANNUAL MAYORS' PRAYER BREAKFAST, HOSTED BY THE CITY OF CLEARWATER'S MAYOR. THIS EVENT, ATTENDED BY 300 PEOPLE, WAS A TIME FOR THE COMMUNITY TO COME TOGETHER IN FELLOWSHIP AND PRAYER. AS WELL, OUR PASCO COUNTY YMCA HELD ITS ELEVENTH ANNUAL PRAYER BREAKFAST IN THEIR COMMUNITY AND OUR HERNANDO BRANCH HELD THEIR ANNUAL INTERFAITH SERVICE, JOINING FORCES WITH COMMUNITY CHURCHES AND RELIGIOUS INSTITUTIONS FOR A MORNING OF PRAISE.

IN APRIL OF 2017, THE YMCA HELD ITS ANNUAL NATIONAL YMCA HEALTHY KIDS DAY EVENT IN ALL OF OUR LOCATIONS. THE ESTIMATED ATTENDANCE FOR THIS EVENT IS 1,200 CHILDREN AND ADULTS. YMCA BRANCH FACILITIES PARTNER WITH LOCAL COMMUNITY BUSINESSES TO PROMOTE HEALTH AND WELL-BEING FOR YOUTH. THIS DAY OF INTERACTIVE FUN FOR PARENTS AND CHILDREN WELCOMES COMMUNITIES ACROSS THE NATION TO ENJOY FREE ACTIVITIES THAT REINFORCE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. PARENTS

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AND CHILDREN ARE ENCOURAGED TO THINK ABOUT SMALL STEPS THEY CAN TAKE TOWARD HEALTHIER LIFESTYLES AND CONNECTING WITH THEIR COMMUNITY MEMBERS IN POSITIVE WAYS.

AS DESCRIBED IN NEW PROGRAMS, IN 2017, THE YMCA OF THE SUNCOAST INTRODUCED NEW PARTNERSHIPS TO SERVE FAMILIES THAT INCLUDE AND CARE FOR FOSTER CHILDREN. WE BUILT ON RELATIONSHIPS WITH AGENCIES INCLUDING ECKERD KIDS, DIRECTIONS FOR LIVING, YOUTH AND FAMILY ALTERNATIVES, LUTHERAN FAMILY SERVICES AND KIDS CENTRAL TO SERVE FAMILIES WITH FOSTER CHILDREN. THEY SHARE OUR CALL TO SERVE BY STRENGTHENING YOUTH AND FAMILIES IN OUR COMMUNITIES. THIS OPPORTUNITY STEMS FROM OUR STRATEGIC PLAN TO ENSURE THAT FOSTER HOMES AND FOSTER YOUTH HAVE A YMCA CONNECTION. FAMILIES ARE INVITED TO TAKE ADVANTAGE OF FREE ACCESS TO OUR BRANCHES WITH A YMCA OF THE SUNCOAST MEMBERSHIP.

THE YMCA OF THE SUNCOAST HAS AN INTERNATIONAL PARTNERSHIP WITH THE YMCA OF PERU. THE RELATIONSHIP ALLOWS SHARING OF PROGRAM IDEAS AND ORGANIZATIONAL STRENGTHS BETWEEN THE TWO YMCAS. TYPICALLY IN ALTERNATING YEARS MEMBERS OF EITHER THE YMCA OF THE SUNCOAST OR THE YMCA OF PERU TRAVEL TO EACH OTHER'S COUNTRY TO LEARN FROM ONE ANOTHER. THE VISION FOR THE YMCA PERU - U.S. YMCA MOVEMENT IS IMPLEMENTING A STRATEGY THAT MUTUALLY STRENGTHENS THE ORGANIZATIONAL CAPACITIES AND SELF-RELIANCE OF YMCA PERU AND UNITED STATES YMCAS TO DEEPEN GLOBAL COMMUNITY IMPACT AND ENGAGEMENT. KEY AREAS OF FOCUS HAVE BEEN IDENTIFIED AS: PHILANTHROPY AND FUNDRAISING CAPACITY OF YMCA PERU, TEEN LEADERSHIP DEVELOPMENT ADAPTING PERUVIAN BEST PRACTICES TO THE U.S. CONTEXT, BOARD DEVELOPMENT AND INFUSING A GLOBAL DIMENSION ACROSS YMCA PROGRAMS IN THE U.S.

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THE HIGH POINT YMCA IS THE HOST FACILITY FOR ENGLISH AS A SECOND LANGUAGE (ESOL) CLASSES TO MEMBERS OF THE COMMUNITY. IN 2017, 42 ADULTS AND CHILDREN IMPROVED ENGLISH LANGUAGE SKILLS WITHIN OUR WALLS.

THE YMCA OF THE SUNCOAST IS A MEMBER OF THE FLORIDA STATE ALLIANCE OF YMCAS. THE ALLIANCE PROVIDES A SINGLE, UNIFIED VOICE FOR THE Y IN FLORIDA. WORKING TOGETHER, WE BELIEVE WE CAN FOCUS ATTENTION ON THE ISSUES AND NEEDS OF YMCAS OUR STATE AND CREATE A HEALTHIER AND MORE ACTIVE STATE.

FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBERS DAVID L. BRANDON AND ALLEN S. CRUMBLEY HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:
THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS RECEIVES AN EMAILED COPY OF THE PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AND PART V STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE PRIOR TO ITS BOARD MEETING NEAREST THE DATE OF THE FILING DEADLINE, TYPICALLY IN LATE APRIL. AFTER THE BOARD MEETING, THE YMCA OF THE SUNCOAST BOARD ALSO RECEIVES AN EMAILED COPY OF THE COMPLETE FORM 990 AS ULTIMATELY FILED WITH THE IRS PRIOR TO THE FILING DEADLINE. THE BOARD MAY REVIEW THE INFORMATION, MAKE INQUIRIES REGARDING THE 990 AND MAKE RECOMMENDATIONS FOR CHANGES PRIOR TO THE FILING DEADLINE. IN ADDITION, THE CEO AND CFO ALSO REVIEW THE COMPLETE FORM AND OVERSEE THE PREPARATION OF INPUTS AND PROCESSES.

FORM 990, PART VI, SECTION B, LINE 12C:

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Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number **-***0731

IN MAY OF EACH YEAR, THE YMCA OF THE SUNCOAST DISTRIBUTES TO ALL FULL-TIME STAFF, VOLUNTEERS SERVING IN A DECISION-MAKING CAPACITY AND THE ASSOCIATION BOARD MEMBERS AND ITS COMMITTEE MEMBERS A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE TO BE COMPLETED AND RETAINED AT THE ASSOCIATION OFFICES. THE FORMS ARE COLLECTED BY THE FINANCE DEPARTMENT. ONCE A YEAR, THE RESPONSES ARE REVIEWED BY THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMPENSATION COMMITTEE WAS COMMISSIONED BY YMCA OF THE SUNCOAST TO ADVISE, EVALUATE AND CONFIRM THAT THE COMPENSATION FOR SENIOR STAFF, AS DEFINED BY INTERMEDIATE SANCTIONS, IS NOT EXCESSIVE.

THE COMMITTEE, CONSISTING OF MEMBERS OF THE BOARD OF DIRECTORS MET ON JUNE 16, 2017. THE COMMITTEE REVIEWED THE COMPENSATION OF THE PRESIDENT AND CEO, THE SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF ADMINISTRATION OFFICER, VICE PRESIDENT/CHIEF PHILANTHROPY OFFICER, VICE PRESIDENT OF PROPERTIES AND CHIEF FINANCIAL OFFICER. THEY USED COMPARABLE DATA INCLUDING THE 2016 YMCA'S SURVEY OF EXECUTIVE COMPENSATION COMPILED BY SULLIVAN COTTER AND THE 2016 TAMPA BAY ONLINE SALARY SURVEY DATA. MEMBERS ALSO REVIEWED THE SALARY ADMINISTRATION GUIDELINE RECOMMENDATIONS PROVIDED BY THE YMCA HUMAN RESOURCES AND TALENT MANAGEMENT TASK FORCE.

THE RECOMMENDATIONS FOR INCREASES FOR ALL OF THE ABOVE STAFF WERE DETERMINED BY PERFORMANCE REVIEWS. GOALS WERE SET AT THE BEGINNING OF THE EVALUATION PERIOD AND THEN THOSE GOALS WERE REVIEWED AND PERFORMANCE WAS EVALUATED.

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THE COMMITTEE DETERMINED THAT THE RECOMMENDED COMPENSATION WAS COMPARABLE TO OTHER YMCA AND NON-PROFIT EXECUTIVES AND NOT EXCESSIVE. THE COMMITTEE APPROVED THE CEOS RECOMMENDATIONS FOR MERITS.

MINUTES OF THE MEETING WERE TAKEN AND RETAINED IN A SECURED FILE IN HUMAN RESOURCES. THE EXECUTIVE COMPENSATION COMMITTEE SUBMITTED A MOTION TO THE BOARD OF DIRECTORS THAT WAS APPROVED.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANNUAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST. THE IRS FORM 990 MAY ALSO BE FOUND ON GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	30,556.
WRITE OFF OF UNCOLLECTIBLE PLEDGES	18,626.
TOTAL TO FORM 990, PART XI, LINE 9	49,182.

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2017 DEPRECIATION AND AMORTIZATION REPORT

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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
	BUILDINGS														
2	BUILDINGS	VARIOUS	SL	.000		16	40896590.				40896590.	16902321.		1,536,220.	18438541.
3	LAND IMPROVEMENTS	VARIOUS	SL	.000		16	986,522.				986,522.	744,529.		32,661.	777,190.
	* 990 PAGE 10 TOTAL BUILDINGS						41883112.				41883112.	17646850.		1,568,881.	19215731.
	MACHINERY & EQUIPMENT														
5	COMPUTER HARDWARE & SOFTWARE	VARIOUS	SL	.000		16	720,800.				720,800.	506,596.		45,780.	552,376.
6	VEHICLES	VARIOUS	SL	.000		16	380,880.				380,880.	359,203.		4,564.	363,767.
7	FURNITURE, FIXTURES & EQUIPMENT	VARIOUS	SL	.000		16	5,348,913.				5,348,913.	3,654,031.		425,435.	4,079,466.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						6,450,593.				6,450,593.	4,519,830.		475,779.	4,995,609.
	LAND														
1	LAND	VARIOUS	L				3,627,688.				3,627,688.			0.	
	* 990 PAGE 10 TOTAL LAND						3,627,688.				3,627,688.	0.		0.	0.
	OTHER														
4	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000		16	2,734,529.				2,734,529.	2,208,296.		150,037.	2,358,333.
8	CONSTRUCTION IN PROGRESS	VARIOUS	NC	.000	HY		87,144.				87,144.			0.	
	* 990 PAGE 10 TOTAL OTHER						2,821,673.				2,821,673.	2,208,296.		150,037.	2,358,333.
	* GRAND TOTAL 990 PAGE 10 DEPR						54783066.				54783066.	24374976.		2,194,697.	26569673.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

PUBLIC DISCLOSURE COPY

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.
2469 ENTERPRISE ROAD
CLEARWATER, FL 33763

PREPARED BY:

CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539

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 COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

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 BY MAY 15, 2019.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____ , 2018, and ending _____ , 20 ___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2018

Name of exempt organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

Name and title of officer
G SCOTT GOYER
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	27,413,336.
2a Form 990-EZ check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b** **Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CBIZ MHM, LLC to enter my PIN 10731

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50465137755

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

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 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Doing business as YMCA OF THE SUNCOAST

Number and street (or P.O. box if mail is not delivered to street address) 2469 ENTERPRISE ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER, FL 33763

F Name and address of principal officer: G. SCOTT GOYER
SAME AS C ABOVE

D Employer identification number
59-0810731

E Telephone number
(727)467-9622

G Gross receipts $ 34,434,137.

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.YMCASUNCOAST.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1961 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROGRAMS THAT BUILD HEALTHY SPIRIT MIND & BODY FOR ALL

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2001
6	Total number of volunteers (estimate if necessary)	6	1073
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,026,967.	3,303,385.
9	Program service revenue (Part VIII, line 2g)	23,149,638.	23,462,623.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	375,112.	403,679.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	326,119.	243,649.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,877,836.	27,413,336.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,875.	15,805.
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)	16,456,411.	16,851,247.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 528,546.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,114,352.	10,650,280.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,612,638.	27,517,332.
19	Revenue less expenses. Subtract line 18 from line 12	265,198.	-103,996.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	43,926,279.	42,495,110.
21	Total liabilities (Part X, line 26)	10,541,338.	9,755,890.
22	Net assets or fund balances. Subtract line 21 from line 20	33,384,941.	32,739,220.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ G. SCOTT GOYER, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ALICIA BROWN			☐	P01337755

Firm's name ▶ CBIZ MHM, LLC — Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539 — Phone no. 727-572-1400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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:
WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER. THAT'S WHY, AT THE Y, EMPLOYEES AND VOLUNTEERS ADVANCE OUR CAUSE OF STRENGTHENING COMMUNITY THROUGH WORK FOCUSED ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. THE YMCA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... X 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 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 $ 11,277,284. including grants of $ 15,805.) (Revenue $ 11,752,884.)
YOUTH DEVELOPMENT:
OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS SCHOOL AGE PROGRAMS BEFORE AND AFTERSCHOOL CARE, SUMMER CAMP, LEADERS CLUBS, SWIM, SPORTS & PLAY AND OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20 PERCENT OF THE YOUNG PEOPLE WE ENGAGE. ((CONTINUED ON SCHEDULE O))

4b (Code:) (Expenses $ 8,201,833. including grants of $) (Revenue $ 5,351,141.)
HEALTHY LIVING:
THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, 122,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH CHRONIC DISEASE AND OBESITY, FAMILIES WRESTLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS.
((CONTINUED ON SCHEDULE O))

4c (Code:) (Expenses $ 4,166,733. including grants of $) (Revenue $ 6,520,237.)
SOCIAL RESPONSIBILITY:
OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 60 YEARS. Y PROGRAMS, SUCH AS VOLUNTEERISM AND GIVING OPPORTUNITIES, GLOBAL PARTNERS, FOSTER CARE FAMILY SUPPORT, STATE ALLIANCES (ADVOCACY) AND WORLD SERVICE, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. IN 2018, WE ENGAGED 122,000 YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.
((CONTINUED ON SCHEDULE O))

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 23,645,850.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	2001		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			
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

Form **990** (2018)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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.

X Own website X Another's website X Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

SHARLENE CLARK, CFO - (727)467-9622
2469 ENTERPRISE ROAD, CLEARWATER, FL 33763

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN CONNELLY BOARD CHAIR	1.00	X						0.	0.	0.
(2) LAURA MAIOCCO VICE CHAIR	1.00	X						0.	0.	0.
(3) MATT CRUM SECRETARY	1.00	X						0.	0.	0.
(4) KELLY CRANDALL TREASURER	1.00	X						0.	0.	0.
(5) JENNIFER MOORE IMMEDIATE PAST CHAIRMAN	1.00	X						0.	0.	0.
(6) BRIAN AUNGST, JR. DIRECTOR	1.00	X						0.	0.	0.
(7) MATT BECKER DIRECTOR	1.00	X						980.	0.	0.
(8) TINA BHATT DIRECTOR	1.00	X						0.	0.	0.
(9) DAVID L. BRANDON DIRECTOR	1.00	X						0.	0.	0.
(10) KIMBERLY BRIGGS DIRECTOR	1.00	X						0.	0.	0.
(11) ALLEN S. CRUMBLEY DIRECTOR	1.00	X						0.	0.	0.
(12) AMERICA DEUPREE DIRECTOR	1.00	X						0.	0.	0.
(13) CHESTER 'BUD' ELIAS, JR. DIRECTOR	1.00	X						0.	0.	0.
(14) BILL HARDY DIRECTOR	1.00	X						0.	0.	0.
(15) DR. MARK HEPP DIRECTOR (1/1/18 - 1/31/18)	1.00	X						0.	0.	0.
(16) JEWEL LAMB DIRECTOR (1/1/18 - 6/1/18)	1.00	X						0.	0.	0.
(17) HON. BERNARD MCCABE DIRECTOR	1.00	X						0.	0.	0.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. CYNTHIA MILLER DIRECTOR	1.00	X						0.	0.	0.
(19) GERRY MULLIGAN DIRECTOR	1.00	X						0.	0.	0.
(20) DEV PATHIK DIRECTOR	1.00	X						0.	0.	0.
(21) CHRISTINA RANKIN DIRECTOR	1.00	X						0.	0.	0.
(22) GREG RICHARDSON DIRECTOR (1/1/18 - 6/1/18)	1.00	X						0.	0.	0.
(23) CHARLIE ROBINSON, JR. DIRECTOR	1.00	X						0.	0.	0.
(24) GREG SHOWERS DIRECTOR	1.00	X						0.	0.	0.
(25) TRACY VAUGHN DIRECTOR	1.00	X						0.	0.	0.
(26) PETER VOSOTAS DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total ▶								980.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								798,427.	0.	189,306.
d Total (add lines 1b and 1c) ▶								799,407.	0.	189,306.

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 ▶ 5

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
E-STAR ROOFING SERVICES INC 2054 WEAVER PARK DR, CLEARWATER, FL 33765	ROOFING REPLACEMENT AND REPAIRS	235,982.
BRANDON CONSTRUCTION COMPANY 555 PALM HARBOR BLVD, PALM HARBOR, FL 34683	CONSTRUCTION CONTRACTOR	203,569.
JACK JOYNER HEATING AND AC 1860 N HERCULES AVE, CLEARWATER, FL 33765	AIR CONDITIONING CONTRACTOR	194,939.
TRIANGLE POOL SERVICE 12801 S BELCHER RD, LARGO, FL 33773	POOL SERVICES	191,540.
HANDYWORKS PROPERTY SERVICES, INC PO BOX 953 , SAFETY HARBOR, FL 34695	CONSTRUCTION CONTRACTOR	148,909.

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 ▶ 9

SEE PART VII, SECTION A CONTINUATION SHEETS

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DOUGLAS CHAMBERLIN	1.00									
DIRECTOR (10/25/18 - PRESENT)		X						0.	0.	0.
(28) REBECCA WATSON	1.00									
DIRECTOR (10/25/18 - PRESENT)		X						0.	0.	0.
(29) GARY REGOLI	1.00									
DIRECTOR (12/6/18 - PRESENT)		X						0.	0.	0.
(30) G. SCOTT GOYER	50.00									
PRESIDENT & CEO				X				280,570.	0.	62,771.
(31) THOMAS BUTTON	50.00									
COO				X				153,040.	0.	57,615.
(32) CAROL PARKS	50.00									
SR VP/CHIEF ADMINISTRATION				X				145,830.	0.	25,772.
(33) TERESA HIBBARD	50.00									
VP/ CPO (1/1/18 - 11/02/18)				X				106,379.	0.	20,138.
(34) SHARLENE CLARK	50.00									
CFO				X				112,608.	0.	23,010.
Total to Part VII, Section A, line 1c								798,427.		189,306.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 71,749.				
	b Membership dues	1b				
	c Fundraising events	1c 127,928.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 342,165.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,761,543.				
	g Noncash contributions included in lines 1a-1f: $ 13,488.					
	h **Total.** Add lines 1a-1f	▶	3,303,385.			
Program Service Revenue		**Business Code**				
	2a MEMBERSHIP FEES	813410	10,622,856.	10,622,856.		
	b BEFORE & AFTER SCHOOL CARE	813410	8,929,920.	8,929,920.		
	c SUMMER CAMP PROGRAMS	813410	2,227,850.	2,227,850.		
	d AQUATICS	813410	530,197.	530,197.		
	e WELLNESS PROGRAMS	813410	471,740.	471,740.		
	f All other program service revenue	813410	680,060.	680,060.		
	g **Total.** Add lines 2a-2f	▶	23,462,623.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	359,416.			359,416.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents	21,750.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	21,750.				
	d Net rental income or (loss)	▶	21,750.			21,750.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	6,855,689. / 28,649.				
	b Less: cost or other basis and sales expenses	6,835,659. / 4,416.				
	c Gain or (loss)	20,030. / 24,233.				
	d Net gain or (loss)	▶	44,263.			44,263.
	8a Gross income from fundraising events (not including $ 127,928. of contributions reported on line 1c). See Part IV, line 18	a 240,986.				
	b Less: direct expenses	b 180,726.				
	c Net income or (loss) from fundraising events	▶	60,260.			60,260.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue	813410	161,639.	161,639.		
	e **Total.** Add lines 11a-11d	▶	161,639.			
	12 **Total revenue.** See instructions	▶	27,413,336.	23,624,262.	0.	485,689.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	14,635.	14,635.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,170.	1,170.		
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	988,713.	38,234.	738,301.	212,178.
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	13,345,302.	11,841,269.	1,427,435.	76,598.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	782,873.	645,474.	133,090.	4,309.
9 Other employee benefits	690,240.	676,091.	7,494.	6,655.
10 Payroll taxes	1,044,119.	883,500.	142,519.	18,100.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,925.		33,925.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,401.		39,401.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	618,475.	391,417.	216,201.	10,857.
12 Advertising and promotion	340,028.	93,148.	134,123.	112,757.
13 Office expenses	2,197,966.	2,130,530.	61,258.	6,178.
14 Information technology	68,539.		32,831.	35,708.
15 Royalties				
16 Occupancy	3,834,245.	3,718,283.	105,727.	10,235.
17 Travel	167,128.	144,593.	19,531.	3,004.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	235,569.	176,310.	53,621.	5,638.
20 Interest	10,597.	4,360.	6,237.	
21 Payments to affiliates	386,944.	367,278.	13,029.	6,637.
22 Depreciation, depletion, and amortization	2,306,070.	2,168,252.	123,272.	14,546.
23 Insurance	239,559.	188,104.	46,309.	5,146.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	135,503.	135,503.		
b PROGRAM SUBCONTRACTOR E	21,142.	21,142.		
c				
d				
e All other expenses	15,189.	6,557.	8,632.	
25 **Total functional expenses.** Add lines 1 through 24e	27,517,332.	23,645,850.	3,342,936.	528,546.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	455,320.	1	601,746.
	2	Savings and temporary cash investments	4,543,020.	2	5,439,636.
	3	Pledges and grants receivable, net	966,204.	3	741,490.
	4	Accounts receivable, net	700,569.	4	558,128.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	151,289.	9	140,251.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 55,785,987.			
	b	Less: accumulated depreciation — 10b: 28,472,911.	28,213,393.	10c	27,313,076.
	11	Investments - publicly traded securities	8,751,705.	11	7,519,222.
	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	144,779.	15	181,561.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	43,926,279.	16	42,495,110.
Liabilities	17	Accounts payable and accrued expenses	1,679,679.	17	1,829,334.
	18	Grants payable		18	
	19	Deferred revenue	990,296.	19	970,713.
	20	Tax-exempt bond liabilities	7,165,423.	20	6,520,722.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	500,114.	23	259,514.
	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	205,826.	25	175,607.
	26	**Total liabilities.** Add lines 17 through 25	10,541,338.	26	9,755,890.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	28,832,532.	27	28,328,460.
	28	Temporarily restricted net assets	3,167,273.	28	2,829,093.
	29	Permanently restricted net assets	1,385,136.	29	1,581,667.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	33,384,941.	33	32,739,220.
	34	Total liabilities and net assets/fund balances	43,926,279.	34	42,495,110.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,413,336.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,517,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	-103,996.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,384,941.
5	Net unrealized gains (losses) on investments	5	-618,244.
6	Donated services and use of facilities	6	35,977.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40,542.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,739,220.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII X

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	59-0810731

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2018.** 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 - 2017.** 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 - 2018.** 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 - 2017.** 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 ..... ▶ ☐

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8083878.	3956502.	3318289.	3026967.	3303385.	21689021.
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	19226967.	20330919.	21845743.	23365994.	23624262.	108393885
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	27310845.	24287421.	25164032.	26392961.	26927647.	130082906
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	44,729.	96,000.	44,150.	24,650.	203,191.	412,720.
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	3855732.	416,809.	140,520.	144,512.	18,047.	4575620.
c Add lines 7a and 7b	3900461.	512,809.	184,670.	169,162.	221,238.	4988340.
8 **Public support.** (Subtract line 7c from line 6.)						125094566

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	27310845.	24287421.	25164032.	26392961.	26927647.	130082906
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	341,652.	356,219.	279,484.	336,314.	381,166.	1694835.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	341,652.	356,219.	279,484.	336,314.	381,166.	1694835.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					60,260.	60,260.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	137,998.	146,048.	245,243.	227,423.		756,712.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	27790495.	24789688.	25688759.	26956698.	27369073.	132594713

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	94.34 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	94.29 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	1.28 %
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	1.26 %

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer (a) and (b) below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ 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) 2018

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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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

B.1.h

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 for the latest information.

OMB No. 1545-0047

2018

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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 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).

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 12,248.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 17,360.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
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Employer identification number
59-0810731

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		$ 6,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 12,191.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 5,010.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
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Employer identification number
59-0810731

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		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 291,738.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 19,780.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 9,442.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 10,220.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
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Employer identification number
59-0810731

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		$ 24,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 30,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 155,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 46,740.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
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Employer identification number
59-0810731

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
43		$ 40,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
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Employer identification number
59-0810731

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
49		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 10,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
55		$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 255,035.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
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Employer identification number
59-0810731

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
61		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 19,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
67		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 41,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 5,745.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 155,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
73		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 44,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
79		$ 16,973.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81		$ 79,549.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
85		$ 33,453.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86		$ 6,173.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
87		$ 7,315.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
86	100 BAG LUNCHES, RESTAURANT GIFT CERTIFICATES FOR AUCTION ITEMS	$ 6,173.	04/13/18
87	100 SHARES RAYMOND JAMES FINANCIAL STOCK	$ 7,315.	12/27/18
		$	
		$	
		$	
		$	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

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	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	59-0810731

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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-.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		2,648.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,648.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

YMCA OF THE SUNCOAST PAYS DUES TO "THE FLORIDA STATE ALLIANCE OF YMCAS" (THE ALLIANCE), A GROUP OF YMCAS IN THE STATE OF FLORIDA. 24.54% OF THE DUES COLLECTED FROM THE ALLIANCE FOR 2018 WERE USED FOR LOBBYING EXPENSES.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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

2018

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number 59-0810731

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 (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,233,595.	4,686,886.	4,450,032.	4,691,034.	4,452,221.
b Contributions	519,951.	52,239.	168,391.	85,726.	149,819.
c Net investment earnings, gains, and losses	-370,391.	616,470.	202,313.	-192,898.	204,794.
d Grants or scholarships					
e Other expenditures for facilities and programs	150,000.	122,000.	133,850.	133,830.	115,800.
f Administrative expenses					
g End of year balance	5,233,155.	5,233,595.	4,686,886.	4,450,032.	4,691,034.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 48.01 %
b Permanent endowment ▶ 21.77 %
c Temporarily restricted endowment ▶ 30.22 %

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)		X
(ii) related organizations	3a(ii)		X
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		3,627,688.		3,627,688.
b Buildings		42,749,855.	20,796,986.	21,952,869.
c Leasehold improvements		2,734,529.	2,508,370.	226,159.
d Equipment		6,657,944.	5,167,555.	1,490,389.
e Other		15,971.		15,971.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				27,313,076.

Schedule D (Form 990) 2018

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INSURANCE FINANCING	58,060.
(3) OBLIGATION UNDER CAPITAL LEASES	117,547.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	175,607.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	26,435,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-618,244.		
b	Donated services and use of facilities	2b	68,241.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-550,003.
3	Subtract line **2e** from line **1**			3	26,985,071.
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	428,265.		
c	Add lines **4a** and **4b**			4c	428,265.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	27,413,336.

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	27,549,596.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	32,264.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	32,264.
3	Subtract line **2e** from line **1**			3	27,517,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	27,517,332.

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:

TO PRESERVE THE VALUE OF THE FUND ADJUSTED FOR INFLATION THROUGH LONG-TERM APPRECIATION OF PRINCIPAL (EQUAL TO OR GREATER THAN THE RATE OF INFLATION). TO PROVIDE FUNDING FOR PROGRAMS GIVING PRIORITY TO THE USE OF INCOME FOR MAJOR MAINTENANCE, MODERNIZATION, OR EXPANSION OF BUILDINGS AND FACILITIES, EXTENSION OF SERVICES AND DEVELOPING AND TRAINING PROFESSIONAL LEADERSHIP WHILE MAINTAINING THE PURCHASING POWER OF THE PORTFOLIO AND OFFSETTING INFLATION.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

REVENUE CODE OF 1986 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

THE ORGANIZATION APPLIES ASC TOPIC 740, INCOME TAXES ("ASC 740"). ASC 740 PRESCRIBES A RECOGNITION AND MEASUREMENT STANDARD FOR UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE IS NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF THE APPLICATION OF THIS STANDARD. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF INCOME TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE OVERALL APPLICATION OF THIS STANDARD.

THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2015 THROUGH 2018 FOR ALL MAJOR TAX JURISDICTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT RETURN	-247,156.
CONTRIBUTIONS AND GRANT FOR ACQUISITION OF CAPITAL ASSETS	131,237.
CONTRIBUTIONS TO ENDOWMENT	519,951.
GAIN ON SALE OF PROPERTY AND EQUIPMENT	24,233.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	428,265.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Schedule G (Form 990 or 990-EZ) 2018 59-0810731 Page 2

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 FISHING TOURNAMENTS (event type)	(b) Event #2 SWIM TEAM EVENTS (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	70,632.	84,551.	213,731.	368,914.
	2 Less: Contributions	30,548.		97,380.	127,928.
	3 Gross income (line 1 minus line 2)	40,084.	84,551.	116,351.	240,986.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,637.		2,314.	3,951.
	6 Rent/facility costs	100.		2,393.	2,493.
	7 Food and beverages	8,450.		12,548.	20,998.
	8 Entertainment				
	9 Other direct expenses	19,559.	73,144.	60,581.	153,284.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				180,726.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				60,260.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV **Supplemental Information** *(continued)*

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

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? ..... [X] 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
NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE US - 101 N WACKER DR - CHICAGO, IL 60606	56-3258696	501(C)(3)	6,000.	0.	N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE
YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIR BLACK MOUNTAIN, NC 28711	56-0532130	501(C)(3)	5,500.	0.	N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 2.

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) (2018)**

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Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

EACH RECIPIENT IS A YMCA ORGANIZATION. WE RECEIVE REPORTINGS FROM THE ORGANIZATIONS ON THE USES OF THE DONATIONS AND REVIEW THEIR 990S ON GUIDESTAR. THE CEO ALSO RECEIVES UPDATES AND REPORTINGS FROM BOTH ORGANIZATIONS ON THEIR CHARITABLE WORK.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

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 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☒ Health or social club dues or initiation fees		
	☐ Personal services (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 **1b**	X	
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? **2**	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule J (Form 990) 2018**

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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Schedule J (Form 990) 2018 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC. 59-0810731 Page 2

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) G. SCOTT GOYER	(i)	261,795.	200.	18,575.	33,000.	29,771.	343,341.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS BUTTON	(i)	147,819.	200.	5,021.	20,283.	37,332.	210,655.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROL PARKS	(i)	143,249.	200.	2,381.	17,776.	7,996.	171,602.	0.
SR VP/CHIEF ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

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Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD APPROVED FOR THE YMCA TO PAY FOR SOCIAL CLUB DUES FOR THE BELLEAIR COUNTRY CLUB FOR SCOTT GOYER, PRESIDENT AND CEO. THE PURPOSE IS TO ENCOURAGE FUNDRAISING DEVELOPMENT THROUGH RELATIONSHIPS AS HE LIVES IN THE CLEARWATER/ BELLEAIR AREA. SCOTT REIMBURSES THE YMCA FOR PERSONAL EXPENSES (MEALS, CART FEES) FOR PERSONAL ACTIVITIES AT THE CLUB. REMAINING MONTHLY DUES ARE INCLUDED IN SCOTT'S COMPENSATION AND TAXED AS COMPENSATION. THE TOTAL DUES PAID IN 2018 AND TAXED AS COMPENSATION WERE $7,869 (12 MONTHS).

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

Part I Bond Issues SEE PART VI FOR COLUMN (A) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	PINELLAS COUNTY INDUSTRIAL DEVELOPMENT A	59-6000800	NONE	08/01/18	10270150.	SEE PART VI		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,749,428.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,270,150.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	173,619.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	10,096,531.			
12	Other unspent proceeds				
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule K (Form 990) 2018**

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Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?	X							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	SUNTRUST BANK							
c Term of hedge	10.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 11/03/2017

(F) DESCRIPTION OF PURPOSE:
REISSUANCE OF 2012 BOND WHICH WAS USED TO REFINANCE OBLIGATIONS RELATED TO THE REVENUE BONDS ISSUED IN 2002 AND ALL OUTSTANDING BANK LOANS, THE PROCEEDS OF WHICH ARE RESTRICTED TO RENOVATING, IMPROVING AND EQUIPPING CERTAIN OF THE ORGANIZATION'S FACILITIES.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	(e) Sharing of organization's revenues? No
DAVID L. BRANDON	BOARD MEMBER	203,569.	THE BOARD M		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: DAVID L. BRANDON

(D) DESCRIPTION OF TRANSACTION: THE BOARD MEMBER IS THE OWNER OF BRANDON CONSTRUCTION COMPANY WHICH WAS AWARDED THE CONTRACT FOR THE CONSTRUCTION OF THE CITRUS FACILITY. THE CONSTRUCTION OF THE FACILITY COMMENCED IN MAY 2015. THE AMOUNT REPORTED REPRESENTS THE CONTRACTOR DRAW PAYMENTS MADE FOR CONSTRUCTION SERVICES DURING THE YEAR.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IS A POWERFUL ASSOCIATION OF MEN, WOMEN, AND CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE. WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING THE NATION'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE. EACH DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE.

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE YMCA OF THE SUNCOAST IS A CAUSE-DRIVEN CHARITABLE ORGANIZATION THAT STRENGTHENS THE FOUNDATIONS OF COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. SERVING 122,000 MEN, WOMEN, AND CHILDREN IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES, THE Y PROVIDES OPPORTUNITIES FOR ALL AGES TO LEARN, GROW, AND THRIVE.

THERE ARE THREE AREAS OF FOCUS THAT ALLOW US TO FULFILL OUR MISSION EACH AND EVERY DAY. THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE Y CAN PROMISE AND DELIVER LASTING PERSONAL AND SOCIAL CHANGE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE YMCA OF THE SUNCOAST HAS CONTINUED TO STRENGTHEN MEANINGFUL

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

PARTNERSHIPS AND HAS DEVELOPED NEW RELATIONSHIPS IN THE PAST YEAR WITH NATIONAL AND LOCAL ORGANIZATIONS TO PROVIDE NEW OPPORTUNITIES AND BENEFITS FOR THOSE WE SERVE IN OUR COMMUNITIES.

FEDERAL GRANT FOR ENHANCEFITNESS. IN 2018, THE YMCA OF THE SUNCOAST WAS AWARDED A FEDERAL GRANT FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR COMMUNITY LIVING TO EXPAND THE REACH OF OUR ENHANCEFITNESS PROGRAM FOR FALLS PREVENTION. THE GRANT IS IN PARTNERSHIP WITH THE YMCAS OF TAMPA AND ST PETERSBURG AND BAYCARE HEALTH SYSTEM TO SERVE OVER 4,000 INDIVIDUALS IN SIX COUNTIES OVER THE 3-YEAR PERIOD JULY 2018 THROUGH JUNE 2021. THE PROJECT ALSO FOCUSES ON WORKING WITH BAYCARE HEALTH TO CREATE AND TEST A SUSTAINABILITY MODEL TO CONTINUE THE WORK AFTER THE GRANT PERIOD ENDS.

MEDICARE PROVIDER. THE YMCA BECAME AN APPROVED FEE-FOR-SERVICE CONTRACTOR FOR MEDICARE TO OFFER THE YMCA'S DIABETES PREVENTION PROGRAM TO MEDICARE-ELIGIBLE PATIENTS.

MIDDLE SCHOOLS. WE ADDED OSCEOLA MIDDLE SCHOOL IN SEMINOLE, FLORIDA AS A NEW SITE FOR BEFORE AND AFTER CARE PROGRAMS. WE NOW SERVE MIDDLE SCHOOL STUDENTS IN NINE SCHOOLS ACROSS OUR SERVICE AREA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE YMCA PROVIDES BEFORE AND AFTERSCHOOL CARE THROUGHOUT THE SCHOOL YEAR TO PRE-K, ELEMENTARY AND MIDDLE SCHOOL-AGE CHILDREN RESIDING FROM PINELLAS TO CITRUS COUNTY, INCLUDING SPECIAL NEEDS AND DEVELOPMENTALLY DISABLED CHILDREN. YMCA SCHOOL AGE CARE ENSURES THAT THE TIME GAPS

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BEFORE AND AFTER SCHOOL ARE FILLED CREATIVELY AND CONSTRUCTIVELY. THIS PROGRAM PROVIDES WORKING PARENTS WITH SAFE, EDUCATIONAL, AFFORDABLE, QUALITY SUPERVISION FOR THEIR CHILDREN FROM THE HOURS OF 6:30 A.M. TO THE BEGINNING OF SCHOOL, AND FROM SCHOOL DISMISSAL TO 6:00 P.M., AND ALL DAY ON SCHOOL HOLIDAYS. ALL OF OUR AFTERSCHOOL PROGRAMS FOCUS ON YOUTH DEVELOPMENT FOR ALL COMMUNITIES WITH A HOLISTIC DEVELOPMENT APPROACH (SOCIAL/EMOTIONAL, PHYSICAL AND COGNITIVE/ACADEMIC). ADDITIONALLY, AFTERSCHOOL READERS IS IN PLACE IN ALL FOUR COUNTIES SERVED. AFTERSCHOOL READERS GIVES KIDS ACCESS TO BOOKS AND ENCOURAGES READING A MINIMUM OF 90 MINUTES PER WEEK IN THE AFTERSCHOOL PROGRAM.

CHILDREN HAVE THE CHANCE TO EXPRESS THEIR TALENTS IN THE ARTS, SPORTS, AND OTHER AREAS OF INTEREST, TAKING ADVANTAGE OF ALL THE Y HAS TO OFFER. KIDS FIND OUT WHAT SUCCESS IS ALL ABOUT IN AN APPROACH THAT SAYS, "EVERYBODY PLAYS, EVERYBODY WINS." TIME IS SET ASIDE FOR TACKLING HOMEWORK WITH ADULT HELP AVAILABLE.

PROGRAM COMPONENTS INCLUDE HEALTH AND WELLNESS, ACADEMICS, SCIENCE, TECHNOLOGY, ENGINEERING AND MATH ("STEM"), LEADERSHIP DEVELOPMENT, SERVICE LEARNING, ARTS EDUCATION, GLOBAL LEARNING AND PARENT AND CAREGIVER ENGAGEMENT. ALL YOUTH PARTICIPATE IN VALUE SESSIONS FOCUSING ON CHARACTER DEVELOPMENT AND ARE PROVIDED ENRICHMENT OPPORTUNITIES TO INCLUDE SWIMMING AND OUTDOOR RECREATION. EACH OF THESE PROGRAMS CONTRIBUTE TO DEVELOPING FAMILY INTERACTION AND COMMUNICATION, AS WELL AS EDUCATING CHILDREN IN THE IMPORTANCE OF FAMILY, COMMUNITY AND MAKING GOOD CHOICES FOR A HEALTHY FUTURE.

THE FRAMEWORK FOR EACH PROGRAM IS BASED ON THE CORE VALUES OF THE YMCA:

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CARING, HONESTY, RESPECT AND RESPONSIBILITY. WE RECOGNIZE THAT ALL CHILDREN CAN LEARN AND ACHIEVE AND THAT CHILDREN HAVE DIFFERENT LEARNING STYLES, DIFFERENT INTERESTS, AND DIFFERENT TALENTS WHICH CAN BE FOSTERED TO MAXIMIZE SUCCESS INSIDE AND OUTSIDE OF THE CLASSROOM. OUR YMCA PROVIDES HIGH QUALITY CURRICULUM USING MULTIPLE PARTNERS FOR ENRICHMENT PROGRAMS AND EVIDENCE BASED LEARNING. THE CURRICULUM IDENTIFIES, UTILIZES AND RECOGNIZES CULTURAL DIFFERENCES AND COMMONALITIES THROUGHOUT MOST ACTIVITIES AND ALIGNS WITH THE EDUCATIONAL STANDARDS.

THE SCHOOL AGE PROGRAMS PROVIDING BEFORE AND AFTERSCHOOL CARE PROGRAMS OPERATES IN 60 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS AND YMCA SITES SERVING OVER 7,600 CHILDREN THROUGHOUT THE SCHOOL YEAR. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS PROVIDED FOR APPROXIMATELY 20% OF THOSE CHILDREN TOTALING $601,000.

A SUCCESSFUL AFTERSCHOOL SIGNATURE ACADEMIC AND ENRICHMENT FOCUSED PROGRAM, THE ACHIEVEMENT GAP PROGRAM, OPERATES WITHIN PINELLAS, PASCO AND HERNANDO COUNTY SCHOOLS. THIS BEGAN AS A PILOT IN 2012 IN ONE ELEMENTARY SCHOOL AND NOW OPERATES IN ELEVEN LOCATIONS IN 2018. KEY PROGRAM FEATURES COMBINE COMMUNITY PARTNERSHIPS AND JOINT EDUCATIONAL LEARNING AND TUTORING TO BENEFIT STUDENTS WHO ARE FALLING BEHIND. ALTHOUGH DESIGNED TO HELP THOSE THAT ARE FALLING BEHIND, ALL THE STUDENTS ENROLLED IN THE AFTERSCHOOL PROGRAM ARE BENEFITTING FROM SUPPLEMENTAL LEARNING THROUGH ACTIVITIES, GAMES, AND PROJECTS THAT ARE FUN AND ENGAGING. OUR PROGRAMS ALSO USE GRAFFITI WALL, A CURRICULUM FOCUSING ON GLOBAL LEARNING AND STEM. IT HAS GAMES, PUZZLES, ACTIVITIES AND PROJECTS THAT ENGAGE THE CHILDREN IN THINKING "OUTSIDE

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OF THE BOX" IN THESE COMPONENT AREAS.

THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY (JWB) FUNDED A NUMBER OF SLOTS FOR CHILDREN WITH FINANCIAL NEED TO ATTEND ONE OF SIX DIFFERENT ELEMENTARY SCHOOL SITES OF THE PROMISE TIME PROGRAM AT NO COST TO THEM. THE PROGRAM PROVIDES BEFORE AND AFTER-CARE STAFFING, TUTORS, SCHOOL LIAISONS AND ENRICHMENT LEARNING ACTIVITIES (ARTS, STEM). THE FUNDS PAY FOR THE Y TO INCORPORATE TUTORING AND ENRICHMENT COMPONENTS TO THESE ELEMENTARY SCHOOLS. A NEEDS ASSESSMENT FOR FAMILIES WAS INCLUDED.

THE YMCA AFTERSCHOOL PARTNERSHIP WITH PINELLAS COUNTY SCHOOLS IS ABLE TO PROVIDE NOT ONLY SNACKS BUT WEEKDAY DINNER MEALS TO ALL PARTICIPANTS AND FAMILIES IN MOST ELEMENTARY SCHOOLS IN THE COUNTY (ALL TITLE I SCHOOLS). IN HERNANDO AND CITRUS COUNTIES, SOME SCHOOLS ALSO OFFER THE FREE DINNER PROGRAM. THE ENROLLMENT COST TO CHILDREN IS FREE AND THE COST TO ADDITIONAL FAMILY MEMBERS IS NOMINAL. ALONG WITH THESE MEALS, YS OFFER EDUCATIONAL PROGRAMMING TO COMPLEMENT YOUTH DEVELOPMENT, INCREASE NUTRITIONAL QUALITY AND PHYSICAL ACTIVITIES FOLLOWING HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA) STANDARDS.

YMCA SUMMER CAMPS SERVE PRESCHOOL CHILDREN, SCHOOL AGE CHILDREN, AND TEENAGERS RESIDING IN OUR FOUR-COUNTY SERVICE AREA. KIDS HAVE FUN WHILE THEY LEARN HOW TO MAKE NEW FRIENDS, BUILD NEW SKILLS AND GROW IN SELF-CONFIDENCE. FOR KIDS, Y CAMP IS A FUN WAY TO ENJOY THE SUMMER. FOR MOMS AND DADS, IT IS A WAY TO GIVE THEIR CHILDREN A POSITIVE DEVELOPMENTAL EXPERIENCE. FOR PARENTS WHO WORK OUTSIDE THE HOME, Y CAMP ALSO SERVES AS CHILDCARE. SOME PARTICIPANTS ATTEND FOR THE SOCIAL AND

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EDUCATIONAL BENEFITS, EVEN THOUGH A PARENT MAY BE AT HOME. SERVICE BEGINS THE FIRST DAY OF SUMMER VACATION AND CONTINUES UNTIL SCHOOL BEGINS AGAIN IN THE FALL. FOR MORE THAN 4,300 CHILDREN IN 2018, CAMP PROVIDED HIGH QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS AWARDED TO APPROXIMATELY 20% OF CAMPERS, TOTALING $293,000.

BASED ON THE NATIONAL YMCA PROGRAM MODEL, YMCA CAMP PROVIDES CHILDREN WITH AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING AND RESPECT FOR THE PURPOSE OF BUILDING SELF-ESTEEM THROUGH GROWTH OF THE SPIRIT, MIND, AND BODY. THIS IS ACCOMPLISHED THROUGH ACTIVITIES THAT INCLUDE FIELD TRIPS, CRAFTS, SONGS, ARCHERY, VALUES, FITNESS, SPORTS, NATURE ACTIVITIES, SWIMMING, AND CANOEING.

DEPENDING ON THE AGE LEVEL, STAFF RATIOS RANGE FROM 1:10 TO 1:25. CAMP FOCUSES ON THE INDIVIDUAL CAMPER-TO-COUNSELOR RELATIONSHIP BASED ON THE WORTH OF INDIVIDUALS AS A BIRTHRIGHT. THIS RELATIONSHIP IS THE PRIMARY VEHICLE FOR THE DEVELOPMENT OF POSITIVE SELF-ESTEEM, UPON WHICH, WE BELIEVE, ALL BEHAVIOR IS BASED. OUTDOOR EDUCATION, OUTDOOR SKILL DEVELOPMENT, AND SHARING OF INTERNATIONAL CULTURES THROUGH COUNSELOR EXCHANGE PROGRAMS REMAIN IMPORTANT PARTS OF THE CONTENT OF OUR PROGRAMS. AS "THE EXPERIENCE THAT LASTS A LIFETIME", YMCA CAMPING IS WHERE THE CHILD SPENDS THE MOST TIME DURING THE SUMMER - A RESPONSIBILITY THAT THE YMCA TAKES VERY SERIOUSLY.

THE BELL POWER SCHOLARS ACADEMY SUMMER PROGRAM OPERATED IN TWO SCHOOL LOCATIONS IN PASCO COUNTY AND INTRODUCED 188 SCHOLARS IN GRADES K-5 TO A CULTURE OF HIGH EXPECTATIONS. STUDENTS WERE ENCOURAGED TO "DISCOVER

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THE GENIUS WITHIN" THROUGH WEEKLY THEMES, COLLEGE AND CAREER READINESS OVER A SIX-WEEK PERIOD. PREVIOUSLY UNDERPERFORMING SCHOLARS INCREASED AN AVERAGE 1 MONTHS' GRADE-EQUIVALENT IN READING GAINS AND AN AVERAGE 1 MONTHS' GRADE EQUIVALENT IN MATH GAINS DURING THIS SUMMER PROGRAM.

THE PINELLAS COUNTY SCHOOL BOARD CONTRACTED AGAIN WITH OUR YMCA TO PROVIDE WRAP AROUND CARE FOR THEIR SUMMER BRIDGE PROGRAM. WE SERVED OVER 850 CHILDREN (IN WRAP AROUND CARE) FUNDED IN FULL OR IN PART BY THE JUVENILE WELFARE BOARD TO ATTEND THE SUMMER SCHOOL LEARNING SESSIONS. MANY OF THESE CHILDREN WOULD NOT HAVE HAD A YMCA SUMMER CAMP EXPERIENCE WITHOUT BEING INVOLVED IN THIS FREE PROGRAM TO BRING THEM CLOSER TO THEIR GRADE LEVEL REQUIREMENTS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
IN PINELLAS COUNTY, FOUR FEE-BASED MIDDLE SCHOOL PROGRAMS OPERATE CALLED Y LEARNING ACADEMIES. THESE Y LEARNING ACADEMIES CREATE STUDENTS WHO ARE PASSIONATE AND ENGAGED IN THEIR EDUCATION THROUGH HANDS ON LEARNING IN STEM FIELDS. TEACHERS WORK WITH THE YMCA TO COORDINATE LEARNING FROM THE SCHOOL DAY WITH THE AFTER SCHOOL PROGRAM AND PROVIDE HOMEWORK ASSISTANCE AND TUTORING. PERSONAL ENRICHMENT (PE) CLUBS INCLUDE CHOICES OF TECHNOLOGY, SPORTS SCIENCE, ENGINEERING, ART EDUCATION, LIFE SKILLS AND MORE. ACADEMIC ENRICHMENT (AE) FOLLOWS A PROJECT BASED LEARNING (PBL) FORMAT IN ORDER TO SHOWCASE THE ASSESSMENT, STANDARDS, AND EDUCATIONAL SUPPORTS. AE CATEGORIES INCLUDE SCIENCE, MATH, LANGUAGE ARTS, NUTRITION AND WELLNESS, CHARACTER EDUCATION, ENGINEERING, TECHNOLOGY, AND COLLEGE AND CAREER PREPARATION. HANDS ON OPPORTUNITIES IN CODING, VIDEO PRODUCTION, ROBOTICS, PODCASTING, PROGRAMMING, AND OTHER STEM PROJECTS MAKE THE Y LEARNING

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ACADEMIES THE VEHICLE BY WHICH MIDDLE SCHOOL STUDENTS ACHIEVE GREATER SUCCESS IN THEIR ACADEMIC PURSUITS AND IN THEIR LIVES, HELPING MORE STUDENTS ACHIEVE HIGH SCHOOL GRADUATION, COLLEGE ATTAINMENT, AND TRANSITION INTO STEM FIELDS IN THE WORKFORCE. THE Y LEARNING ACADEMIES MEASURE SUCCESS USING A PRE- AND POST-TEST TO TRACK THE INCREASE IN STUDENT KNOWLEDGE OF AND INTEREST IN STEM FIELDS. OUTCOMES WE EXPECT TO ACHIEVE ARE 75% OF STUDENTS WILL INCREASE THEIR INTEREST IN STEM FIELDS OVER NON-STEM FIELDS FROM PRE- TO POST-PROGRAM ASSESSMENT, AND 80% OF STUDENTS WILL BE ABLE TO IDENTIFY AT LEAST FIVE PROFESSIONAL STEM CAREER TRACKS. IN 2017, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY FUNDED THE PURCHASE OF 10 ZSPACE VIRTUAL REALITY COMPUTER SYSTEMS THAT ALLOW STUDENTS EXPOSURE TO STEM LESSONS IN AN AUDIO VISUAL, VIRTUAL REALITY INTERACTIVE FORMAT. THESE WORKSTATIONS ARE USED IN THREE PINELLAS COUNTY MIDDLE SCHOOLS ALLOWING STUDENTS TO SUPPLEMENT CLASSROOM LEARNINGS AND MAKE STEM CONCEPTS FUN.

YMCA SWIM, SPORTS AND PLAY PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL: EVERY CHILD PLAYS IN EVERY GAME. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND GOOD NUTRITION, AND LEARN WAYS TO HAVE FUN. BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER POINTS SCORED, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT. THE YMCA KNOWS THAT WITH THIS APPROACH EVERYONE WINS-UNDEFEATED IN SPIRIT, MIND AND BODY.

DURING THE YEAR, THE YOUTH SPORTS PROGRAMS SERVED 5,900 CHILDREN (SOME

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DUPLICATED) IN YOUTH BASEBALL, DANCE, GYMNASTICS, YOUTH SOCCER, YOUTH FLAG FOOTBALL, YOUTH BASKETBALL, YOUTH TENNIS, YOUTH TAE KWON DO, YOUTH VOLLEYBALL, SWIM TEAMS, YOUTH TRACK AND FIELD AND MANY OTHERS.

THE YMCA OF THE SUNCOAST USES LISTEN 360, AN ONLINE SURVEY PROVIDER, TO GATHER REAL-TIME PARENT AND CAREGIVER FEEDBACK REGARDING OUR PROGRAMS. THE COMMENTS AND RESPONSES ALLOW THE YMCA TO RESPOND MORE QUICKLY TO AREAS IN NEED OF ATTENTION AS WELL AS RECOGNIZE STAFF PROVIDING POSITIVE ROLE-MODELING. 88% OF THE PARENTS SURVEYED INDICATED THAT THEIR CHILD IS ENJOYING THEIR EXPERIENCE AT THE Y AND 94% OF THE PARENTS SHARED THAT THEIR CHILD HAS BUILT FRIENDSHIPS AT THE Y.

THE Y HAS ALSO COMMITTED TO SERVING INDIVIDUALS WITH SPECIAL NEEDS AND CHALLENGES THROUGH CAMP COAST (CHILDREN ON THE AUTISM SPECTRUM TOGETHER). THE PROGRAM PROVIDES CHILDREN WITH AUTISM A SPECIALIZED AND VALUABLE DAY CAMP EXPERIENCE THAT ALLOWS THEM TO FEEL COMFORTABLE IN A SAFE, FUN AND NURTURING ENVIRONMENT. CAMP COAST AND CAMP COAST MIDDLE SCHOOL ARE DESIGNED FOR CHILDREN ON THE AUTISM SPECTRUM BETWEEN THE AGES OF 5-10 AND 11-14. OUR SUCCESSFUL SUMMER CAMPS PROVIDE AN EXPERIENCE FILLED WITH CRAFTS, GAMES, HORSEBACK RIDING, FIELD TRIPS AND SWIMMING. THESE CHILDREN ALSO INTERACTED WITH OTHER NEURO-TYPICAL TEENS FROM A SERVICE-ORIENTED CAMP. BOTH CAMPS LEARNED FROM ONE ANOTHER WHETHER IT WAS GAINING EMPATHY AND NEW FRIENDSHIPS OR IMPROVING SOCIAL SKILLS AND HAVING A SENSE OF BELONGING.

IN 2018, THE YMCA OF THE SUNCOAST SERVED MORE THAN 14,000 TWEENS AND TEENS (BETWEEN THE AGES OF 11-17) IN A VARIETY OF PROGRAMS AND THROUGH Y MEMBERSHIPS. YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE

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MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS, REFLECTING THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS.

THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 28 STUDENTS FROM HIGH SCHOOLS IN PINELLAS AND CITRUS COUNTIES. ACTIVITY DAYS EXPOSE THE TEENS TO LOCAL GOVERNMENT LEADERS AND BUSINESS OPERATORS FOR LEADERSHIP AND BETTER UNDERSTANDING OF THEIR COUNTY. STUDENTS LEARN FIRST-HAND ABOUT GOVERNMENT AND CIVIC ISSUES, COLLABORATE ON POSSIBLE SOLUTIONS AND CULMINATE ONCE A YEAR WITH A STATE CONFERENCE IN TALLAHASSEE WITH OTHER TEENS FROM AROUND THE STATE. AT THE STATE CONFERENCE, MEMBERS OF THE SUNCOAST YMCA DELEGATION WON AWARDS FOR PARTICIPATION IN ACTIVITIES SUCH AS BILL WRITING, JUDICIAL PROCEEDINGS, AND DEBATING. SOME IN OUR GROUP EARNED PRESTIGIOUS POSITIONS AT THE STATE DELEGATION INCLUDING ONE FOR THE SENIOR JUSTICE OF THE SUPREME COURT.

WE CONTINUE TO HAVE POPULAR TEEN CENTERS AT OUR CLEARWATER, HIGH POINT, GREATER RIDGECREST, NORTH PINELLAS, HERNANDO COUNTY, JAMES P. GILLS FAMILY AND GREATER PALM HARBOR BRANCHES. WE CONTINUE TO SERVE TEENS WELL AND LOOK TO FIND MORE WAYS TO ENGAGE TEENS IN YMCA PROGRAMS.

DEVELOPED IN PARTNERSHIP WITH THE ORGANIZATIONS LEADERSHIP PINELLAS AND LEADERSHIP CITRUS, YOUTH LEADERSHIP PINELLAS AND YOUTH LEADERSHIP CITRUS SEEK TO EDUCATE INTERESTED HIGH SCHOOL TEENS LIVING IN PINELLAS AND CITRUS COUNTIES IN FLORIDA ON COMMUNITY ISSUES, DEVELOP LEADERSHIP POTENTIAL AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES. THE ANNUAL

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9-MONTH PROGRAM IS A PARTNERSHIP BETWEEN THE ADULT-RUN LEADERSHIP ORGANIZATION AND YMCA OF THE SUNCOAST. ACTIVITIES BRING TOGETHER PEOPLE OF DIVERSE BACKGROUNDS FROM THE PUBLIC AND PRIVATE SECTORS. THE YOUTH PROGRAM IS DESIGNED FOR STUDENTS ENTERING THEIR JUNIOR YEAR OF HIGH SCHOOL TO FOSTER INVOLVEMENT IN COMMUNITY SERVICES. EACH CLASS HAS THE OPPORTUNITY TO MEET COMMUNITY DECISION MAKERS AND GRADUATES ARE BETTER PREPARED TO TAKE ON LEADERSHIP ROLES OF THEIR OWN. THE CLASSES RUNNING THROUGH SPRING 2018 INCLUDED 59 STUDENTS.

LEADERS CLUBS MEET AT FIVE OF OUR YMCA BRANCHES. THE PROGRAM INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDS SELF-ESTEEM AND A SENSE OF ACCOMPLISHMENT THROUGH A SERIES OF WELL-ROUNDED TRAININGS IN THE AREA OF PHYSICAL EDUCATION, HEALTHY LIVING, PERSONAL GROWTH, AND VALUES. STUDENTS LEARN VALUABLE WORK AND COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY. IN 2018, 126 YOUTH AGES 12-17 TOOK PART IN OUR LEADERS CLUBS.

TEENS FROM AROUND THE COUNTRY GATHERED AT BLUE RIDGE LEADERS SCHOOL IN BLUE RIDGE, NORTH CAROLINA FOR A WEEK-LONG PROGRAM THAT TEACHES TEEN LEADERSHIP DEVELOPMENT THROUGH YMCA HEALTH AND PHYSICAL EDUCATION. THE YMCA OF THE SUNCOAST SENT 24 LOCAL TEENS FROM OUR LEADERS CLUBS TO PARTICIPATE IN HEALTHY ACTIVITIES WHILE DEMONSTRATING TRADITIONAL CHRISTIAN VALUES.

THE GREATER RIDGECREST YMCA HELD A TEEN ACHIEVERS SUMMER CAMP FOR 32 LOCAL YOUTH BETWEEN THE AGES OF 12-16. TEENS TOURED LOCAL COMPANIES IN SEVERAL OCCUPATIONAL FIELDS TO BETTER UNDERSTAND THE CAREER PATH REQUIRED TO ACHIEVE POSITIONS IN THESE COMPANIES. FIELD TRIPS INCLUDED

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EXPOSURE TO THE LOCAL COLLEGE, COUNTY GOVERNMENT, AS WELL AS SESSIONS ON USING PUBLIC TRANSPORTATION AND PREPARING THEMSELVES FOR THE UPCOMING SCHOOL YEAR. TEENS PARTICIPATED IN SERVICE PROJECT TIME BY ASSISTING WITH FEEDING AMERICA FOOD DISTRIBUTION.

WE CONTINUE WORK IN OUR EARLY LEARNING READINESS (ELR) PROGRAM AT THE HIGH POINT YMCA AND NOW THE CLEARWATER YMCA WITH TWO ONGOING GROUPS OF CAREGIVERS AND CHILDREN. THIS FREE PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND IS FOR CAREGIVERS, PARENTS AND THEIR CHILDREN AGED FIVE AND UNDER. THE Y'S PROGRAM IS DESIGNED TO HELP CHILDREN WITH LANGUAGE SKILLS AND HELP THEM ENTER SCHOOL READY TO SUCCEED. IN 2018, THE PROGRAM GAVE 48 PARENTS, CAREGIVERS AND CHILDREN SKILLS TO ENCOURAGE LEARNING.

WE OFFER CHILDREN THE OPPORTUNITY TO LEARN TO FISH AND RESPECT THE ENVIRONMENT WITH THREE KIDS' FISHING TOURNAMENTS HELD ACROSS THE SERVICE AREA DURING THE YEAR. APPROXIMATELY 500 CHILDREN BENEFIT FROM THESE VOLUNTEER-LED EVENTS EACH YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2018, WE PROVIDED $786,000 IN DIRECT FINANCIAL ASSISTANCE FOR MEMBERSHIPS AND PROGRAMS TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.

FOR MORE THAN 170 YEARS, THE YMCA HAS INCLUDED AN EQUILATERAL TRIANGLE IN ITS LOGO AS A SYMBOL OF WELLNESS, THE PURSUIT OF WHICH HAS LONG BEEN ONE OF THE ORGANIZATION'S SOUGHT AFTER OUTCOMES. REPRESENTATIVE OF A

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BALANCED SPIRIT, MIND AND BODY, THE EQUILATERAL TRIANGLE HAS OFTEN BEEN DRAWN INSIDE OF A CIRCLE REPRESENTING THE SOCIAL DIMENSION OF HEALTH - OUR RELATIONSHIPS AND CONNECTIONS TO OTHER PEOPLE BEING A KEY COMPONENT OF OUR WELLNESS.

THE YMCA OF THE SUNCOAST PROVIDES NUMEROUS HEALTH AND WELLNESS PROGRAMS FOR ITS MEMBERS AND PROGRAM PARTICIPANTS. AMONG CHILDREN AND FAMILIES, THE YMCA PROMOTES THE IMPORTANCE OF A PHYSICALLY ACTIVE LIFESTYLE THROUGH PROGRAMS LIKE PERSONAL TRAINING, ACTIVE OLDER ADULTS, CPR/FIRST AID, YMCA MEMBERSHIP, FAMILY NIGHTS, THE YMCA'S DIABETES PREVENTION PROGRAM, WALKING AND RUNNING CLUBS, SOCIAL GROUPS, ADULT SPORTS, FAMILY NIGHTS, AND MANY OTHERS. TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCAS BY PARTICIPATING IN YMCA OF THE USA HEALTH INNOVATION INITIATIVES. ON A NATIONAL LEVEL, THE Y CONTINUES TO SUPPORT FORMER FIRST LADY MICHELLE OBAMA'S PARTNERSHIP FOR A HEALTHIER AMERICA INITIATIVE. THE COMMITMENT FOCUSES ON ENDING THE CHILDHOOD OBESITY EPIDEMIC AND WORKS WITH THE PRIVATE SECTOR TO SOLVE THE NATION'S CHILDHOOD OBESITY CRISIS. YMCAS HAVE ALWAYS BEEN COMMITTED TO FOSTERING HEALTHY ENVIRONMENTS FOR THOSE IN ITS CARE. THIS COMMITMENT ESTABLISHES STANDARDS HELPING TO CREATE THE HEALTHIEST ENVIRONMENTS POSSIBLE. MOST IMPORTANTLY, THE Y'S COMMITMENT MEANS THAT WE CAN HELP MAKE THE HEALTHY CHOICE THE EASY CHOICE FOR THE HUNDREDS OF THOUSANDS OF BUSY PARENTS WHO RELY ON THE Y FOR EARLY CHILDHOOD AND AFTERSCHOOL PROGRAMS.

FOR ADULTS THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THE PEOPLE WHO MOST NEED OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES. USING NEW DATA COLLECTION TECHNIQUES LEARNED AS A RESULT OF OUR CONTINUING

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PARTICIPATION IN YMCA OF THE USA HEALTH INNOVATION INITIATIVES, THE YMCA OF THE SUNCOAST PAID PARTICULAR ATTENTION TO THE WAY IN WHICH WE ENGAGED HEALTH SEEKERS LOOKING AT OUR PROGRAMS THROUGH A NEW LENS. WITH OUR HEALTHY LIVING FRAMEWORK, WE'RE FOCUSING ON PROMOTING WELL-BEING, REDUCING RISK, AND RECLAIMING HEALTH. MANY ARE FIGHTING CHRONIC DISEASE, AND IT IS OUR GOAL TO HELP EACH INDIVIDUAL FIND HIS OR HER WAY TO THE PROGRAM OR PLACE IN OUR YMCA THAT WILL BEST HELP THEM CONNECT TO A LIFE CHANGING ACTIVITY, GROUP, OR NEW BEHAVIOR. OUR SMARTSTART MEMBER ONBOARDING PROCESS SUPPORTS CONNECTING NEW MEMBERS TO THE RIGHT OPPORTUNITIES TO MEET THEIR INDIVIDUAL GOALS. WE ARE INCREASINGLY MEASURING THE CONNECTIONS AMONG MEMBERS THAT SUSTAIN AND SUPPORT THESE BEHAVIORS. IN SO DOING, WE HOPE TO IDENTIFY AND BUILD ON SUCCESSFUL STEPS INTRODUCED BY OUR STAFF TEAMS TO THIS EFFORT.

WITH COORDINATION OF OUR VICE PRESIDENT OF HEALTHY LIVING, WE OVERSEE, DEVELOP AND IMPLEMENT HEALTHY LIVING PROGRAMMING AND SERVICES FOR ALL AND PROMOTE YMCA HEALTH AND WELLNESS INITIATIVES. YMCA OF THE SUNCOAST BUILDS AND MAINTAINS COLLABORATIONS WITH COMMUNITY HEALTH PARTNERS SUCH AS LOCAL HOSPITALS, PHYSICIANS, STATE, COUNTY AND LOCAL GOVERNMENT AGENCIES, AND LARGE EMPLOYERS TO INCORPORATE PRINCIPLES OF HEALTHY LIFESTYLES INTO OUR WORK AS WELL AS PROVIDE REFERRAL AND SUPPORT TO YMCA EVIDENCED BASED PROGRAMS FOR PREVENTION AND MANAGEMENT OF CHRONIC DISEASES. OTHER HEALTH AND WELLNESS INITIATIVES INTRODUCED BY YMCA OF THE USA ARE REGULARLY PILOTED AND TESTED IN OUR ORGANIZATION.

OUR ONGOING YMCA OF THE USA-DEVELOPED PROGRAM IS ENHANCEFITNESS. THESE CLASSES SERVED 580 PARTICIPANTS IN 2018. ENHANCEFITNESS IS A 16-WEEK SENIOR FITNESS AND ARTHRITIS MANAGEMENT PROGRAM THAT HELPS OLDER ADULTS

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BECOME MORE ACTIVE, ENERGIZED AND EMPOWERED FOR INDEPENDENT LIVING. EXERCISES FOCUS ON CARDIOVASCULAR ENDURANCE, STRENGTH, BALANCE AND FLEXIBILITY, WHICH CAN REDUCE ARTHRITIS SYMPTOMS. MOVING FOR BETTER BALANCE IS A 12-WEEK FALLS-PREVENTION PROGRAM WHICH SERVED AN ADDITIONAL 33 INDIVIDUALS. THIS PROGRAM TRANSFORMS MARTIAL ARTS MOVEMENTS INTO A THERAPEUTIC REGIMEN THAT IMPROVES POSTURAL STABILITY, AWARENESS OF BODY POSITIONING, FUNCTIONAL WALKING, AND MOVEMENT SYMMETRY AND COORDINATION, RANGE OF MOTION AND LOWER BODY MUSCLE STRENGTH.

ONGOING PROGRAMS CONTINUE TO MAKE AN IMPACT IN OUR COMMUNITY. THE YMCA'S DIABETES PREVENTION PROGRAM CONTINUES TO THRIVE, SERVING 95 INDIVIDUALS AT RISK THIS YEAR. THIS PROGRAM'S FOCUS IS TO HELP THOSE AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES ADOPT AND MAINTAIN HEALTHY LIFESTYLES BY EATING HEALTHIER, INCREASING PHYSICAL ACTIVITY AND LOSING A MODEST AMOUNT OF WEIGHT TO REDUCE THEIR CHANCES OF DEVELOPING THE DISEASE. OUR KEY AUDIENCE FOR THIS PROGRAM HAS TRADITIONALLY BEEN THE OLDER ADULT POPULATION. YMCA OF THE SUNCOAST ALSO PARTNERS WITH LARGE LOCAL EMPLOYERS TO PROVIDE CLASSES TO THEIR WORKFORCE.

THE YMCA OF THE SUNCOAST CONTINUED TO BE A PARTNER WITH LIVESTRONG. THE Y HAS MANY LIVESTRONG GROUPS THAT ADDRESS THE SPECIAL WANTS, NEEDS AND INTERESTS OF CANCER SURVIVORS. ACROSS OUR SERVICE AREA, 144 PARTICIPANTS WERE INVOLVED IN LIVESTRONG CLASSES AND SUPPORT. DUE TO THE PROGRAM'S SUCCESS, THE HEALTHY LIVING TEAM COLLABORATED FOR A SIXTH YEAR WITH MORTON PLANT MEASE, BAYCARE HEALTH SYSTEMS, TO ACT AS CAMP COUNSELORS FOR MEASE'S CAMP LIVING SPRINGS IN OCTOBER 2018. THE CAMP SERVED 68 CANCER SURVIVORS AND THE Y DESIGNED THE CAMP'S ITINERARY.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

THE YMCA CONTINUES TO OFFER A HOST OF PROGRAMS FOR ADULTS INCLUDING SWIMMING GROUPS, WALKING AND RUNNING CLUBS, TAI CHI, YOGA, PILATES, STRESS MANAGEMENT, PERSONAL TRAINING, GROUP EXERCISE, STRENGTH TRAINING, SOCIAL GROUPS AND MUCH MORE. WE CONTINUE TO INTEGRATE LES MILLS EXERCISE CLASSES INTO OUR GROUP EXERCISE SCHEDULES INCLUSIVE OF POPULAR STRENGTH TRAINING CLASSES, MARTIAL ARTS-STYLE CARDIO CLASSES, AND CYCLING CLASSES.

ADULT SPORTS PROGRAMS INCLUDE ADULT BASKETBALL, ADULT TENNIS, ADULT SWIM LESSONS AND SWIM LEAGUES, ADULT VOLLEYBALL, ADULT TENNIS, RACQUETBALL, AND OTHERS. PROGRAMS OFFERED MEET THE NEEDS OF THE MEMBERS IN EACH LOCAL COMMUNITY.

WITH ITS COMMITMENT TO NEVER TURN A PERSON OR FAMILY AWAY BECAUSE OF AN INABILITY TO PAY FOR SERVICES, THE YMCA CONTINUES TO BE THE PLACE IN THE COMMUNITY THAT PERSONS OF ALL INCOMES AND BACKGROUNDS CAN FIND PROFESSIONAL SUPPORT FOR HEALTHY BEHAVIOR CHANGES. THE YMCA OF THE SUNCOAST PROVIDES FINANCIAL ASSISTANCE FOR ALL PERSONS IN NEED. CHARITABLE CONTRIBUTIONS TO THE YMCA ENABLE US TO PROVIDE FINANCIAL ASSISTANCE ON A SLIDING SCALE. WE PROMISE THAT EVERYONE WHO QUALIFIES WILL RECEIVE ASSISTANCE TO THE GREATEST EXTENT POSSIBLE BASED ON THE AVAILABILITY OF FUNDS.

SENIOR PROGRAMMING FOR ACTIVE OLDER ADULTS IS A LARGE PART OF OUR HEALTH AND WELLNESS OFFERINGS. WITH MANY RETIREMENT COMMUNITIES ACROSS OUR SERVICE AREA, SENIORS NOT ONLY COME TO THE Y FOR PHYSICAL EXERCISE AND WELLNESS, BUT SOCIALIZATION AND CAMARADERIE AMONG FRIENDS. ALONG

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WITH MANY SENIOR FITNESS CLASSES AND PROGRAMS, WE ALSO HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP BUILDING AMONG OUR SENIOR COMMUNITIES. IN 2018, FOUR OF OUR YMCA BRANCHES OFFERED DIY AT THE Y ("DO IT YOURSELF AT THE Y"), AN INITIATIVE THAT GIVES OLDER ADULTS, THAT HAVE A PASSION AND EXPERTISE IN SOMETHING AN OPPORTUNITY TO VOLUNTEER TO TEACH OTHERS. SAMPLE CLASSES INCLUDE KNITTING, QUILTING, BIBLE STUDY, GARDENING, HOW TO BUILD A BIRD HOUSE, HOW TO PLAY BRIDGE & MAHJONG AND MANY MORE.

CLASSES AND PROGRAMS ARE PROVIDED TO HELP ELDERLY PEOPLE MAINTAIN THEIR SELF-SUFFICIENCY AND INDEPENDENCE BY MAINTAINING A HEALTHY LIFESTYLE. THE ARTHRITIS AND WATER EXERCISE CLASSES ARE DESIGNED ESPECIALLY FOR SENIORS TO MAINTAIN MUSCLE TONE AND FLEXIBILITY USING THE WATER TO CUSHION THE JOINTS. IN ADDITION TO ENHANCING MOTOR FUNCTION, THESE PROGRAMS SERVE A PREVENTATIVE HEALTH FUNCTION IN THAT THEY MAY PREVENT OR POSTPONE THE NEED FOR SURGERIES.

YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEES. THE YMCA TAUGHT 7,400 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO AND PINELLAS COUNTIES IN 2018. DROWNING IS THE SECOND-LEADING CAUSE OF DEATH IN CHILDREN IN THIS COMMUNITY. WE FEEL LEARNING TO SWIM IS A NECESSITY, NOT A LUXURY. LEARN-TO-SWIM LESSONS ARE CONDUCTED DAILY THROUGHOUT THE YEAR FOR INFANTS FROM SIX-MONTHS OLD TO ADULTS. IN YMCA AQUATICS PROGRAMS,

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CHILDREN LEARN TO BE SAFE AROUND WATER AND THEY FEEL THE SENSE OF ACCOMPLISHMENT THAT COMES WITH LEARNING SOMETHING NEW. YOUTH PROGRESSIVE SWIMMING IS THE YMCA'S THIRD MOST WIDELY OFFERED PROGRAM NATIONWIDE. IT USES A PROBLEM-SOLVING, GUIDED-DISCOVERY TEACHING APPROACH IN A POSITIVE, CARING ENVIRONMENT. KIDS CAN DEVELOP LIFELONG SKILLS THAT CAN HELP THEM STAY SAFE AND HEALTHY.

DURING THE SPRING AND SUMMER, EIGHT Y BRANCHES OFFERED SAFETY AROUND WATER, A WEEK OF FREE SWIMMING LESSONS PROVIDED TO SCHOOL-AGE CHILDREN. IN 2018, APPROXIMATELY 2,900 CHILDREN PARTICIPATED IN ONE OR MORE WEEKS OF CLASSES. FUNDING CAME FROM GRANTS AND PRIVATE DONATIONS.

IN ADDITION, AQUATIC EXERCISE CLASSES FOR PEOPLE WITH DISABILITIES ARE AVAILABLE, OFTEN WITH ASSISTANCE FROM SPECIALIZED POOL LIFTS. STAFF IS TRAINED TO ACCOMMODATE INDIVIDUAL NEEDS. SPECIAL POPULATION CLIENTS ARE INTERVIEWED INDIVIDUALLY AND MATCHED WITH A COMPATIBLE STAFF PERSON. AS CLIENTS PROGRESS WITH THEIR PHYSICAL STRENGTHENING, THEIR PROGRAMS ARE CHANGED TO SUIT THEIR NEEDS. THIS MAY INCLUDE ACTUAL SWIMMING INSTRUCTION, SURVIVAL TECHNIQUES IN WATER, WALKING, NAUTILUS, ETC. THIS PROGRAM IS ONGOING AND YEAR-ROUND. NOT ONLY DOES IT GIVE THEM POSITIVE EXPERIENCES, IT STRENGTHENS THEM PHYSICALLY AND ALLOWS THEM TO SOCIALIZE WITH OTHERS IN A CARING ATMOSPHERE.

YMCA POOLS ARE ALSO USED FOR SCUBA PROGRAMS, PRIVATE SWIM LESSONS, SWIM TEAMS AND MEETS, AND LIFEGUARD TRAINING CLASSES. THE YMCA CONTINUES TO PROVIDE POOLS FOR AREA HIGH SCHOOL SWIM TEAMS TO PRACTICE AND CONDUCT MEETS. THE YMCA OF THE SUNCOAST HAS ESTABLISHED FAMILY AQUATIC CENTERS AT MOST OF OUR FACILITIES INCLUDING NORTH PINELLAS, HIGH POINT, GREATER

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RIDGECREST, GREATER PALM HARBOR, JAMES P. GILLS FAMILY, HERNANDO COUNTY AND CITRUS YMCA BRANCHES. THESE CENTERS FEATURE SLIDES AND INTERACTIVE DESIGN WITH FOUNTAINS, SPRAYS AND ACTIVITIES. SEVERAL LOCATIONS FEATURE A ZERO-DEPTH ENTRY POOL. OUR CLEARWATER YMCA HAS AN INDOOR POOL.

THREE AGENCIES JOINED TO LAUNCH THE FIFTH SUMMER WITH "BE WATER SMART FROM THE START" PROGRAMMING ACROSS THE TAMPA BAY AREA COORDINATED BY THE YMCA OF THE SUNCOAST, TAMPA METROPOLITAN AREA YMCA AND THE YMCA OF GREATER ST. PETERSBURG. FREE SWIM AND WATER SAFETY EDUCATION AND LESSONS WERE PROVIDED TO APPROXIMATELY 2,900 YMCA OF THE SUNCOAST YOUTH IN SUMMER CAMPS AND YMCA BRANCHES TO EXPAND EXISTING SAFETY AROUND WATER PROGRAM OFFERINGS IN OTHER MONTHS OF THE YEAR. THE FUNDING PARTNERS INCLUDE THE RAYS BASEBALL FOUNDATION, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY AND THE UNITED WAY SUNCOAST.

SUBSIDIES VALUED AT OVER $100,000 WERE PROVIDED TO OVER 2,900 CHILDREN AND ADULTS IN FREE AND DISCOUNTED SWIMMING CLASSES DURING THE YEAR. THE YMCA WORKS HARD TO CONTINUOUSLY MEET COMMUNITY NEEDS AND MAKE OUR PROGRAMS AND SERVICES AVAILABLE TO EVERYONE. THROUGH OUR MISSION OF DEVELOPING HEALTHY SPIRIT, MIND AND BODY FOR ALL, WE SERVE PEOPLE OF ALL FAITHS, RACES, NATIONAL ORIGINS, ABILITIES, AGES AND INCOMES. IN 2018, OUR YMCA PROVIDED AN OVERALL $1,680,000 IN FULL AND PARTIAL SCHOLARSHIPS TO PEOPLE WHO WOULD OTHERWISE NOT HAVE BEEN ABLE TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES.

THE NORTH PINELLAS BRANCH YMCA SERVED 100 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAM IN 2018. THERE ARE MANY

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ADULTS WHO ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA. MANY OF THESE ADULTS ARE ISOLATED DUE TO THE FACT THAT THEY ARE NEW TO THE AREA, THEY ARE UNABLE TO INDEPENDENTLY GET THEMSELVES OUT OF THEIR OWN ENVIRONMENT, OR THEY DO NOT HAVE A CIRCLE OF FRIENDS. THESE INDIVIDUALS DO NOT CONSIDER THEMSELVES HANDICAPPED; RATHER THEY ARE CHALLENGED FOR INDEPENDENT LIVING. THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES. THE GOAL WITHIN THE PROGRAM IS TO ENCOURAGE AND SUPPORT SINGLE "CHALLENGED ADULTS" TO MEET AND SOCIALIZE WITH THEIR PEERS AND TO EXPERIENCE THE ENJOYMENT OF FRIENDSHIP, FUN, AND PHYSICAL ACTIVITY. PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE PASCO/UPPER PINELLAS AREA ARE ABLE TO PARTICIPATE IN A PROGRAM THAT ALLOWS THEM TO GROW IN SPIRIT, MIND AND BODY THROUGH INTERACTION WITH FRIENDS, EXPRESSING THEIR CREATIVITY, AND PARTICIPATING IN RECREATIONAL PROGRAMS.

WE CONTINUED TO OFFER A PROGRAM CALLED SALSA, SABOR Y SALUD. THIS HEALTHY LIVING PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND APPROACHES THE BASICS OF HEALTHY EATING AND NUTRITION, ACTIVE LIVING AND EXERCISE, AND STRENGTHENS THE FAMILY THROUGH SMALL STEPS TOWARD POSITIVE CHANGE. THIS PROGRAM WAS OFFERED AT OUR HIGH POINT AND CLEARWATER YMCAS THIS YEAR.

THE YMCA OF THE SUNCOAST WILL CONTINUE SERVING THE CHILDREN AND FAMILIES IN OUR SERVICE AREA, USING OUR LEARNINGS TO IMPROVE OUR SERVICE AND HELP PEOPLE GROW IN SPIRIT, MIND AND BODY.

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Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number 59-0810731

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE YMCA OF THE SUNCOAST, GUIDED BY ITS STRATEGIC PLAN, SETS GOALS TO CREATE A CULTURE OF PHILANTHROPY AND VOLUNTEERISM. THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING AND SERVING. OUR PLAN GIVES FUNDING PRIORITY TO INCREASING OUR ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATING AND EXPANDING PROGRAMS TO SERVE DIVERSE AND LOW INCOME COMMUNITIES, SUSTAIN HEALTHY LIVING PROGRAMS, CLOSE THE ACADEMIC ACHIEVEMENT GAP AND EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION, EXPAND THE AQUATICS PROGRAM SO THAT EVERY CHILD WITHIN OUR SERVICE AREA PARTICIPATES IN A BEGIN TO SWIM PROGRAM, AND INCREASE FUNDING FOR OUR ENDOWMENT.

THE Y'S VOLUNTEER PROGRAM Y COMMUNITY CHAMPIONS CONTINUES TO GROW AND EXPAND WITHIN THE Y. CONTINUOUS IMPROVEMENT TO PROCESSES AND RESOURCES ALLOW THE Y TO BETTER INVOLVE COMMUNITY MEMBERS IN MEANINGFUL AND VALUABLE WORK. AS A VOLUNTEER-LED ORGANIZATION, THE Y CANNOT THRIVE WITHOUT THE SUPPORT OF VOLUNTEERS. WE HONOR YOUTH AND ADULT PROGRAM VOLUNTEERS FROM EACH BRANCH AT AN ANNUAL CELEBRATION AS WELL AS LOCALLY AT EACH BRANCH THROUGH VARIOUS FORMS OF RECOGNITION AND THANKS. IN 2018, THE YMCA OF THE SUNCOAST'S VOLUNTEER BASE GREW TO 1,073 ACTIVE VOLUNTEERS AND THE TOTAL NUMBER OF HOURS WAS CLOSE TO 57,000. THIS EQUATES TO MORE THAN 27 FULL TIME EMPLOYEES.

OUR Y IS FORTUNATE TO BENEFIT FROM TALENTED AND DEDICATED POLICY VOLUNTEERS PARTICIPATING AT THE BOARD OF DIRECTORS AND ADVISORY COUNCILS AT EACH OF OUR BRANCHES. THESE INDIVIDUALS ADVISE ON STRATEGIES, RECOMMEND POLICIES, LOCATE COLLABORATIONS IN THE COMMUNITY,

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AND ACTIVELY FUNDRAISE. THEIR GUIDANCE AND OVERSIGHT IS CRITICAL TO MAINTAIN OUR STRONG REPUTATION, FINANCIAL POSITION, COMMUNITY ROOTS AND SO MUCH MORE. A TOTAL OF 26 REPRESENTATIVES OF THE COMMUNITY SERVE ON THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS.

IN 2018, THE YMCA OF THE SUNCOAST EXPANDED PARTNERSHIPS TO SERVE FAMILIES THAT INCLUDE AND CARE FOR FOSTER CHILDREN. WE BUILT ON RELATIONSHIPS WITH AGENCIES INCLUDING ECKERD CONNECTS, DIRECTIONS FOR LIVING, LUTHERAN FAMILY SERVICES AND KIDS CENTRAL TO SERVE FAMILIES WITH FOSTER CHILDREN. THEY SHARE OUR CALL TO SERVE BY STRENGTHENING YOUTH AND FAMILIES IN OUR COMMUNITIES. THIS OPPORTUNITY STEMS FROM OUR STRATEGIC PLAN TO ENSURE THAT FOSTER HOMES AND FOSTER YOUTH HAVE A YMCA CONNECTION. FAMILIES ARE INVITED TO TAKE ADVANTAGE OF FREE ACCESS TO OUR BRANCHES WITH A YMCA OF THE SUNCOAST MEMBERSHIP. IN 2018, 308 FOSTER CARE PARTICIPANTS WERE SERVED WITH A FREE MEMBERSHIP AND 79 YOUTH ENGAGED IN PROGRAMS. ALL ELIGIBLE YOUTH/TEENS THROUGH AGE 21 ARE WELCOME TO GAIN FREE ACCESS INTO ANY YMCA OF THE SUNCOAST LOCATION IN PINELLAS, WEST PASCO, HERNANDO AND CITRUS COUNTIES. YOUTH AGED 11 AND YOUNGER MUST PARTICIPATE WITH THEIR FAMILIES OR GUARDIAN. TEENS AGED 12-21 CAN PARTICIPATE WITH THEIR FAMILIES AND MAY ALSO ACCESS FACILITIES AND PARTICIPATE IN PROGRAMS ON THEIR OWN.

IN 2018, THE YMCA OF THE SUNCOAST HELD ITS THIRTEENTH ANNUAL MAYORS' PRAYER BREAKFAST, HOSTED BY THE CITY OF CLEARWATER'S MAYOR. THIS EVENT, ATTENDED BY 300 PEOPLE, WAS A TIME FOR THE COMMUNITY TO COME TOGETHER IN FELLOWSHIP AND PRAYER. AS WELL, OUR PASCO COUNTY YMCA HELD ITS TWELFTH ANNUAL PRAYER BREAKFAST IN THEIR COMMUNITY AND OUR HERNANDO BRANCH HELD THEIR ANNUAL INTERFAITH SERVICE, JOINING FORCES WITH

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COMMUNITY CHURCHES AND RELIGIOUS INSTITUTIONS FOR A MORNING OF PRAISE.

IN APRIL OF 2018, THE YMCA HELD ITS ANNUAL NATIONAL YMCA HEALTHY KIDS DAY EVENT IN ALL OF OUR LOCATIONS. THE ESTIMATED ATTENDANCE FOR THIS EVENT IS 1,200 CHILDREN AND ADULTS. YMCA BRANCH FACILITIES PARTNER WITH LOCAL COMMUNITY BUSINESSES TO PROMOTE HEALTH AND WELL-BEING FOR YOUTH. THIS DAY OF INTERACTIVE FUN FOR PARENTS AND CHILDREN WELCOMES COMMUNITIES ACROSS THE NATION TO ENJOY FREE ACTIVITIES THAT REINFORCE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. PARENTS AND CHILDREN ARE ENCOURAGED TO THINK ABOUT SMALL STEPS THEY CAN TAKE TOWARD HEALTHIER LIFESTYLES AND CONNECTING WITH THEIR COMMUNITY MEMBERS IN POSITIVE WAYS.

THE YMCA OF THE SUNCOAST HAS AN INTERNATIONAL PARTNERSHIP WITH THE YMCA OF PERU. THE RELATIONSHIP ALLOWS SHARING OF PROGRAM IDEAS AND ORGANIZATIONAL STRENGTHS BETWEEN THE TWO YMCAS. TYPICALLY IN ALTERNATING YEARS, MEMBERS OF EITHER THE YMCA OF THE SUNCOAST OR THE YMCA OF PERU TRAVEL TO EACH OTHER'S COUNTRY TO LEARN FROM ONE ANOTHER. THE VISION FOR THE YMCA PERU U.S. YMCA MOVEMENT IS IMPLEMENTING A STRATEGY THAT MUTUALLY STRENGTHENS THE ORGANIZATIONAL CAPACITIES AND SELF-RELIANCE OF YMCA PERU AND UNITED STATES YMCAS TO DEEPEN GLOBAL COMMUNITY IMPACT AND ENGAGEMENT. KEY AREAS OF FOCUS HAVE BEEN IDENTIFIED AS: PHILANTHROPY AND FUNDRAISING CAPACITY OF YMCA PERU, TEEN LEADERSHIP DEVELOPMENT ADAPTING PERUVIAN BEST PRACTICES TO THE U.S. CONTEXT, BOARD DEVELOPMENT AND INFUSING A GLOBAL DIMENSION ACROSS YMCA PROGRAMS IN THE U.S.

THE YMCA OF THE SUNCOAST IS A MEMBER OF THE FLORIDA STATE ALLIANCE OF

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Packet Pg. 798

YMCAS. THE ALLIANCE PROVIDES A SINGLE, UNIFIED VOICE FOR THE Y IN FLORIDA. WORKING TOGETHER, WE BELIEVE WE CAN FOCUS ATTENTION ON THE ISSUES AND NEEDS OF YMCAS OUR STATE AND CREATE A HEALTHIER AND MORE ACTIVE STATE.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS DAVID L. BRANDON AND ALLEN S. CRUMBLEY HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS RECEIVES AN EMAILED COPY OF THE PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AND PART V STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE PRIOR TO ITS BOARD MEETING NEAREST THE DATE OF THE FILING DEADLINE, TYPICALLY IN LATE APRIL. AFTER THE BOARD MEETING, THE YMCA OF THE SUNCOAST BOARD ALSO RECEIVES AN EMAILED COPY OF THE COMPLETE FORM 990 AS ULTIMATELY FILED WITH THE IRS PRIOR TO THE FILING DEADLINE. THE BOARD MAY REVIEW THE INFORMATION, MAKE INQUIRIES REGARDING THE 990 AND MAKE RECOMMENDATIONS FOR CHANGES PRIOR TO THE FILING DEADLINE. IN ADDITION, THE CEO AND CFO ALSO REVIEW THE COMPLETE FORM AND OVERSEE THE PREPARATION OF INPUTS AND PROCESSES.

FORM 990, PART VI, SECTION B, LINE 12C:

IN MAY OF EACH YEAR, THE YMCA OF THE SUNCOAST DISTRIBUTES TO ALL FULL-TIME STAFF, VOLUNTEERS SERVING IN A DECISION-MAKING CAPACITY AND THE ASSOCIATION BOARD MEMBERS AND ITS COMMITTEE MEMBERS A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE TO BE COMPLETED AND RETAINED AT THE ASSOCIATION OFFICES. THE FORMS ARE COLLECTED BY THE FINANCE DEPARTMENT. ONCE A YEAR, THE RESPONSES ARE REVIEWED BY THE AUDIT COMMITTEE.

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Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number 59-0810731

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE WAS COMMISSIONED BY YMCA OF THE SUNCOAST TO ADVISE, EVALUATE AND CONFIRM THAT THE COMPENSATION FOR SENIOR STAFF, AS DEFINED BY INTERMEDIATE SANCTIONS, IS NOT EXCESSIVE.

THE COMMITTEE, CONSISTING OF MEMBERS OF THE BOARD OF DIRECTORS MET ON MAY 15, 2018. THE COMMITTEE REVIEWED THE COMPENSATION OF THE PRESIDENT AND CEO, THE SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF ADMINISTRATION OFFICER, VICE PRESIDENT/CHIEF PHILANTHROPY OFFICER, VICE PRESIDENT OF PROPERTIES, CHIEF FINANCIAL OFFICER, AND VICE PRESIDENT OF YOUTH DEVELOPMENT. THEY USED COMPARABLE DATA INCLUDING THE 2017 YMCA'S SURVEY OF EXECUTIVE COMPENSATION COMPILED BY SULLIVAN COTTER AND THE 2017 TAMPA BAY ONLINE SALARY SURVEY DATA. MEMBERS ALSO REVIEWED THE SALARY ADMINISTRATION GUIDELINE RECOMMENDATIONS PROVIDED BY THE YMCA HUMAN RESOURCES AND TALENT MANAGEMENT TASK FORCE.

THE RECOMMENDATIONS FOR INCREASES FOR ALL OF THE ABOVE STAFF WERE DETERMINED BY PERFORMANCE REVIEWS. GOALS WERE SET AT THE BEGINNING OF THE EVALUATION PERIOD AND THEN THOSE GOALS WERE REVIEWED AND PERFORMANCE WAS EVALUATED.

THE COMMITTEE DETERMINED THAT THE RECOMMENDED COMPENSATION WAS COMPARABLE TO OTHER YMCA AND NON-PROFIT EXECUTIVES AND NOT EXCESSIVE. THE COMMITTEE APPROVED THE CEOS RECOMMENDATIONS FOR MERITS.

MINUTES OF THE MEETING WERE TAKEN AND RETAINED IN A SECURED FILE IN HUMAN RESOURCES. THE EXECUTIVE COMPENSATION COMMITTEE SUBMITTED A MOTION TO THE

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BOARD OF DIRECTORS THAT WAS APPROVED.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANNUAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST. THE IRS FORM 990 MAY ALSO BE FOUND ON GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 40,542.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHO ASSUME THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

PUBLIC DISCLOSURE COPY

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form 990 (Rev. January 2020)

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.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/ termin-ated ☐ Amended return ☐ Applica-tion pending

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Doing business as YMCA OF THE SUNCOAST

Number and street (or P.O. box if mail is not delivered to street address) 2469 ENTERPRISE ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER, FL 33763

F Name and address of principal officer: G. SCOTT GOYER
SAME AS C ABOVE

D Employer identification number
59-0810731

E Telephone number
(727)467-9622

G Gross receipts $ 31,185,990.

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.YMCASUNCOAST.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1961 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROGRAMS THAT BUILD HEALTHY SPIRIT MIND & BODY FOR ALL	
	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)	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2008
	6	Total number of volunteers (estimate if necessary)	1098
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 39	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,303,385.	2,493,322.
	9	Program service revenue (Part VIII, line 2g)	23,462,623.	23,964,343.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	403,679.	356,632.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	243,649.	379,731.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,413,336.	27,194,028.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,805.	35,304.
	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)	16,851,247.	17,362,500.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 485,937.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,650,280.	10,924,575.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,517,332.	28,322,379.
	19	Revenue less expenses. Subtract line 18 from line 12	<103,996.>	<1,128,351.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	42,495,110.	41,420,546.
	21	Total liabilities (Part X, line 26)	9,755,890.	9,025,915.
	22	Net assets or fund balances. Subtract line 21 from line 20	32,739,220.	32,394,631.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ G. SCOTT GOYER, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
PAUL DUNHAM			☐	P00100222

Firm's name ▶ CBIZ MHM, LLC — Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539 — Phone no. 727-572-1400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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:
WE KNOW THAT ENDURING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER. THAT'S WHY, AT THE Y, EMPLOYEES, AND VOLUNTEERS ADVANCE OUR CAUSE OF STRENGTHENING COMMUNITY THROUGH WORK FOCUSED ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... X 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 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 $ 11,290,526. including grants of $ 35,304.) (Revenue $ 12,071,534.)
YOUTH DEVELOPMENT: THE Y BELIEVES EVERY CHILD DESERVES THE SUPPORT, GUIDANCE, AND ENCOURAGEMENT TO BE WHO THEY ARE AND DISCOVER WHO THEY CAN BECOME. WE STRIVE TO HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS THE Y SCHOLARS LEARNING ACADEMY AND BRIDGING THE ACHIEVEMENT GAP PROGRAM, AMONG OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20% OF THE YOUNG PEOPLE WE SERVE TO BE INVOLVED ACROSS OUR SERVICE AREA. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 8,644,484. including grants of $) (Revenue $ 5,348,046.)
HEALTHY LIVING: THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. WE STRIVE TO CHANGE PEOPLE'S LIVES THROUGH PROGRAMS LIKE CHRONIC DISEASE PREVENTION, DIABETES PREVENTION PROGRAMS, AND LIVESTRONG.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses $ 4,209,046. including grants of $) (Revenue $ 6,858,805.)
SOCIAL RESPONSIBILITY: OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS. WE PROVIDED $3.96 MILLION IN FUNDING IMPACT THROUGH FINANCIAL ASSISTANCE AND SUBSIDY IN 2019 TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE. Y PROGRAMS, SUCH AS OUR FOSTER CARE PROGRAM AND THE Y TOGETHERHOOD PROGRAM, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. IN 2019, WE ENGAGED 1,098 YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 24,144,056.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 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*	26		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*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	52		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	2008		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation 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	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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.

[X] Own website [X] 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 ▶

SHARLENE CLARK, CFO - (727)467-9622
2469 ENTERPRISE ROAD, CLEARWATER, FL 33763

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) G. SCOTT GOYER PRESIDENT & CEO	50.00			X				293,398.	0.	55,515.
(2) THOMAS BUTTON COO	50.00			X				165,872.	0.	43,916.
(3) CAROL PARKS SR VP/CHIEF ADMINISTRATION	50.00			X				150,975.	0.	28,604.
(4) SHARLENE CLARK CFO	50.00			X				118,879.	0.	24,075.
(5) LAURA MAIOCCO CHAIR	1.00	X						0.	0.	0.
(6) MATT CRUM VICE CHAIR	1.00	X						0.	0.	0.
(7) KELLY CRANDALL TREASURER	1.00	X						0.	0.	0.
(8) JOHN CONNELLY IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(9) BRIAN AUNGST, JR. DIRECTOR	1.00	X						0.	0.	0.
(10) MATT BECKER DIRECTOR	1.00	X						1,481.	0.	0.
(11) TAMARA BLACK DIRECTOR (10/24/19-PRESENT)	1.00	X						0.	0.	0.
(12) DAVID L. BRANDON DIRECTOR	1.00	X						0.	0.	0.
(13) KIMBERLY BRIGGS DIRECTOR	1.00	X						0.	0.	0.
(14) DOUGLAS CHAMBERLIN DIRECTOR	1.00	X						0.	0.	0.
(15) ALLEN S. CRUMBLEY DIRECTOR	1.00	X						0.	0.	0.
(16) AMERICA DEUPREE DIRECTOR	1.00	X						0.	0.	0.
(17) CHESTER 'BUD' ELIAS, JR. DIRECTOR	1.00	X						0.	0.	0.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROLE GROVES DIRECTOR (10/24/19-PRESENT)	1.00	X						0.	0.	0.
(19) BILL HARDY DIRECTOR	1.00	X						0.	0.	0.
(20) HON. BERNARD MCCABE DIRECTOR	1.00	X						0.	0.	0.
(21) DR. CYNTHIA MILLER DIRECTOR	1.00	X						0.	0.	0.
(22) GERRY MULLIGAN DIRECTOR	1.00	X						0.	0.	0.
(23) DEV PATHIK DIRECTOR	1.00	X						0.	0.	0.
(24) CHRISTINA RANKIN DIRECTOR	1.00	X						0.	0.	0.
(25) GARY REGOLI DIRECTOR	1.00	X						0.	0.	0.
(26) CHARLIE ROBINSON, JR. DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal ▶								730,605.	0.	152,110.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								730,605.	0.	152,110.

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 ▶ 4

		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
24 HOURS INC 850 NW FEDERAL HWY, STUART, FL 34994	CLEANING SERVICES	315,252.
JACK JOYNER HEATING AND AC 1860 N HERCULES AVE, CLEARWATER, FL 33765	AIR CONDITIONING CONTRACTOR	217,959.
E-STAR ROOFING SERVICES INC 2054 WEAVER PARK DR, CLEARWATER, FL 33765	ROOFING REPLACEMENT AND REPAIRS	205,136.
TAMPA METROPOLITAN YMCA 110 E OAK AVE, TAMPA, FL 33602	MARKETING SUPPORT SERVICES	194,855.
PRIME-SCAPE SERVICES P.O. BOX 17099, CLEARWATER, FL 33762	LAWN AND PEST CONTROL SERVICES	191,877.

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 ▶ 8

SEE PART VII, SECTION A CONTINUATION SHEETS

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Form 990 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC. 59-0810731

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GREG SHOWERS	1.00									
DIRECTOR		X						0.	0.	0.
(28) TRACY VAUGHN	1.00									
DIRECTOR		X						0.	0.	0.
(29) PETER VOSOTAS	1.00									
DIRECTOR		X						0.	0.	0.
(30) REBECCA WATSON	1.00									
DIRECTOR		X						0.	0.	0.
(31) TINA BHATT	1.00									
DIRECTOR (1/1/19-8/22/19)		X						0.	0.	0.
(32) JENNIFER MOORE	1.00									
DIRECTOR (1/1/19-12/05/19)		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	48,520.				
	b Membership dues	1b					
	c Fundraising events	1c	135,206.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	428,400.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,881,196.				
	g Noncash contributions included in lines 1a-1f	1g	$ 14,263.				
	h **Total.** Add lines 1a-1f			2,493,322.			
Program Service Revenue		Business Code					
	2a MEMBERSHIP FEES	813410		10,852,868.	10,852,868.		
	b BEFORE & AFTER SCHOOL CARE	813410		9,028,724.	9,028,724.		
	c SUMMER CAMP PROGRAMS	813410		2,262,061.	2,262,061.		
	d AQUATICS	813410		579,245.	579,245.		
	e SPORTS & RECREATION	813410		501,602.	501,602.		
	f All other program service revenue	813410		739,843.	739,843.		
	g **Total.** Add lines 2a-2f			23,964,343.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			335,678.			335,678.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	13,000.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	13,000.				
	d Net rental income or (loss)			13,000.			13,000.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	3,886,883.				
	b Less: cost or other basis and sales expenses	7b	3,853,876.	12,053.			
	c Gain or (loss)	7c	33,007.	<12,053.>			
	d Net gain or (loss)			20,954.			20,954.
	8a Gross income from fundraising events (not including $ 135,206. of contributions reported on line 1c). See Part IV, line 18	8a	178,722.				
	b Less: direct expenses	8b	126,033.				
	c Net income or (loss) from fundraising events			52,689.			52,689.
	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						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue	813410		314,042.	314,042.		
	e **Total.** Add lines 11a-11d			314,042.			
	12 **Total revenue.** See instructions			27,194,028.	24,278,385.	0.	422,321.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	33,804.	33,804.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,500.	1,500.		
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	882,716.	39,906.	743,071.	99,739.
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	13,884,294.	12,258,171.	1,483,925.	142,198.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	819,869.	689,416.	132,429.	<1,976.>
9 Other employee benefits	686,107.	572,559.	97,190.	16,358.
10 Payroll taxes	1,089,514.	929,009.	144,167.	16,338.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,113.		12,113.	
c Accounting	33,896.		33,896.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,856.		40,856.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	914,281.	530,633.	346,896.	36,752.
12 Advertising and promotion	281,737.	95,758.	95,506.	90,473.
13 Office expenses	2,189,486.	2,053,929.	127,880.	7,677.
14 Information technology	62,154.		30,490.	31,664.
15 Royalties				
16 Occupancy	3,731,951.	3,606,822.	113,597.	11,532.
17 Travel	179,960.	155,901.	20,501.	3,558.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	245,631.	183,588.	57,640.	4,403.
20 Interest	11,819.	11,819.		
21 Payments to affiliates	378,994.	355,000.	18,506.	5,488.
22 Depreciation, depletion, and amortization	2,357,080.	2,207,661.	133,743.	15,676.
23 Insurance	349,170.	288,605.	54,508.	6,057.
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 BAD DEBT EXPENSE	124,239.	124,239.		
b				
c				
d				
e All other expenses	11,208.	5,736.	5,472.	
25 **Total functional expenses.** Add lines 1 through 24e	28,322,379.	24,144,056.	3,692,386.	485,937.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	601,746.	1	195,494.
	2	Savings and temporary cash investments	5,439,636.	2	7,755,436.
	3	Pledges and grants receivable, net	741,490.	3	277,320.
	4	Accounts receivable, net	558,128.	4	658,085.
	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	140,251.	9	189,548.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 56,532,779.			
	b	Less: accumulated depreciation — 10b: 30,516,593.	27,313,076.	10c	26,016,186.
	11	Investments - publicly traded securities	7,519,222.	11	6,259,887.
	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	181,561.	15	68,590.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	42,495,110.	16	41,420,546.
Liabilities	17	Accounts payable and accrued expenses	1,829,334.	17	2,035,520.
	18	Grants payable		18	
	19	Deferred revenue	970,713.	19	951,798.
	20	Tax-exempt bond liabilities	6,520,722.	20	5,854,212.
	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	259,514.	23	65,844.
	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	175,607.	25	118,541.
	26	**Total liabilities.** Add lines 17 through 25	9,755,890.	26	9,025,915.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	28,328,460.	27	28,579,891.
	28	Net assets with donor restrictions	4,410,760.	28	3,814,740.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	Total net assets or fund balances	32,739,220.	32	32,394,631.
	33	Total liabilities and net assets/fund balances	42,495,110.	33	41,420,546.

Form **990** (2019)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,194,028.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,322,379.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,128,351.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,739,220.
5	Net unrealized gains (losses) on investments	5	852,921.
6	Donated services and use of facilities	6	15,112.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<84,271.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,394,631.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII X

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	59-0810731

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 ..... 15 %

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 ..... ▶ ☐

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3956502.	3318289.	3026967.	3303385.	2493322.	16098465.
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	20330919.	21845743.	23365994.	23624262.	24278385.	113445303
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	24287421.	25164032.	26392961.	26927647.	26771707.	129543768
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	96,000.	44,150.	24,650.	203,191.	34,031.	402,022.
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	96,000.	44,150.	24,650.	203,191.	34,031.	402,022.
8 **Public support.** (Subtract line 7c from line 6.)						129141746

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	24287421.	25164032.	26392961.	26927647.	26771707.	129543768
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	356,219.	279,484.	336,314.	381,166.	348,678.	1701861.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	356,219.	279,484.	336,314.	381,166.	348,678.	1701861.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				60,260.	52,689.	112,949.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	146,048.	245,243.	227,423.			618,714.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	24789688.	25688759.	26956698.	27369073.	27173074.	131977292

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	97.85 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	94.34 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	1.29 %
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	1.28 %

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 ▶ ☐

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer (a) and (b) below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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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.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

B.1.h

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 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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 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).

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 48,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 35,620.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 31,399.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 27,903.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
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Employer identification number
59-0810731

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		$ 27,018.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 20,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 19,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
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Employer identification number
59-0810731

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		$ 18,760.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 17,077.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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		$ 13,533.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 12,660.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
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59-0810731

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		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 11,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 11,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 10,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 10,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 10,224.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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
37		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
43		$ 7,501.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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Employer identification number
59-0810731

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
49		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 6,470.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
52		$ 6,282.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number
59-0810731

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
55		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 5,324.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
61		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 5,210.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 5,043.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
64		$ 5,030.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
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Employer identification number
59-0810731

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
67		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
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Employer identification number
59-0810731

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
73		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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
79		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 5,750.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
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Employer identification number
59-0810731

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
51	100 BAG LUNCHES, RESTAURANT GIFT CERTIFICATES FOR AUCTION ITEMS	$ 6,470.	03/29/19
63	15 SHARES BOEING COMPANY (BA) STOCK	$ 5,043.	12/24/19
82	CUSTON T-SHIRTS AND DRI-FIT SHIRTS FOR FISHING TOURNAMENTS (2)	$ 2,750.	03/29/19
		$	
		$	
		$	

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number
59-0810731

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

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

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	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	59-0810731

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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-.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		2,968.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,968.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

YMCA OF THE SUNCOAST PAYS DUES TO THE FLORIDA STATE ALLIANCE OF YMCAS (THE ALLIANCE). THE ALLIANCE INCURS LOBBYING EXPENSES ON BEHALF OF THE YMCAS IN THE STATE OF FLORIDA. EACH YEAR THE ALLIANCE PROVIDES THE PERCENTAGE OF TOTAL LOBBYING EXPENSES TO THEIR TOTAL EXPENSES. THAT PERCENTAGE IS USED TO CALCULATE THE PORTION OF THE DUES THAT WENT

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV **Supplemental Information** *(continued)*

TOWARD THOSE EXPENSES. 27.5% OF THE DUES COLLECTED FROM THE ALLIANCE FOR 2019 WERE USED FOR LOBBYING EXPENSES.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number 59-0810731

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	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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 ▶ $ _____

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	5,233,155.	5,233,595.	4,686,886.	4,450,032.	4,691,034.
b Contributions	8,943.	519,951.	52,239.	168,391.	85,726.
c Net investment earnings, gains, and losses	1,065,311.	<370,391.>	616,470.	202,313.	<192,898.>
d Grants or scholarships					
e Other expenditures for facilities and programs	182,139.	150,000.	122,000.	133,850.	133,830.
f Administrative expenses					
g End of year balance	6,125,270.	5,233,155.	5,233,595.	4,686,886.	4,450,032.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 48.28 %
b Permanent endowment ▶ 25.94 %
c Term endowment ▶ 25.78 %

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)		X
(ii) Related organizations	3a(ii)		X
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		3,627,688.		3,627,688.
b Buildings		43,256,520.	22,388,524.	20,867,996.
c Leasehold improvements		2,734,529.	2,658,407.	76,122.
d Equipment		6,769,758.	5,469,662.	1,300,096.
e Other		144,284.		144,284.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				26,016,186.

Schedule D (Form 990) 2019

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INSURANCE FINANCING	45,372.
(3) OBLIGATION UNDER CAPITAL LEASES	71,362.
(4) OBLIGATION UNDER INTEREST RATE	
(5) SWAP AGREEMENT	1,807.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	118,541.

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 ... X

Schedule D (Form 990) 2019

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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	26,799,942.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	852,921.		
b	Donated services and use of facilities	2b	50,061.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	902,982.
3	Subtract line **2e** from line **1**			3	25,896,960.
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	40,856.		
b	Other (Describe in Part XIII.)	4b	1,256,212.		
c	Add lines **4a** and **4b**			4c	1,297,068.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	27,194,028.

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	28,316,472.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	34,949.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	34,949.
3	Subtract line **2e** from line **1**			3	28,281,523.
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	40,856.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	40,856.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	28,322,379.

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:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENTS IS TO PRESERVE THE VALUE OF THE FUND ADJUSTED FOR INFLATION THROUGH LONG-TERM APPRECIATION OF PRINCIPAL (EQUAL TO OR GREATER THAN THE RATE OF INFLATION) AND TO PROVIDE FUNDING FOR PROGRAMS GIVING PRIORITY TO THE USE OF INCOME FOR MAJOR MAINTENANCE, MODERNIZATION, OR EXPANSION OF BUILDINGS AND FACILITIES, EXTENSION OF SERVICES AND DEVELOPING AND TRAINING PROFESSIONAL LEADERSHIP WHILE MAINTAINING THE PURCHASING POWER OF THE PORTFOLIO AND OFFSETTING INFLATION.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

THE ORGANIZATION APPLIES ASC TOPIC 740, INCOME TAXES. ASC 740 PRESCRIBES A RECOGNITION AND MEASUREMENT STANDARD FOR UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE IS NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF THE APPLICATION OF THIS STANDARD. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF INCOME TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE OVERALL APPLICATION OF THIS STANDARD.

THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2016 THROUGH 2019 FOR ALL MAJOR TAX JURISDICTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT RETURN	1,162,305.
CONTRIBUTIONS AND GRANT FOR ACQUISITION OF CAPITAL ASSETS	97,017.
CONTRIBUTIONS TO ENDOWMENT	8,943.
GAIN ON SALE OF PROPERTY AND EQUIPMENT	-12,053.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,256,212.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Schedule G (Form 990 or 990-EZ) 2019 59-0810731 Page 2

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 CLEARWATER FISHING TOUR (event type)	(b) Event #2 PALM HARBOR GRAPE ESCAPE (event type)	(c) Other events 9 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	50,506.	30,363.	233,059.	313,928.
	2 Less: Contributions	18,725.	6,790.	109,691.	135,206.
	3 Gross income (line 1 minus line 2)	31,781.	23,573.	123,368.	178,722.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			4,184.	4,184.
	6 Rent/facility costs			16,016.	16,016.
	7 Food and beverages	10,209.		39,604.	49,813.
	8 Entertainment			12,022.	12,022.
	9 Other direct expenses	16,692.	6,313.	20,993.	43,998.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				126,033.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				52,689.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Part IV **Supplemental Information** *(continued)*

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number 59-0810731

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? ..... [X] 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
NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE US - 101 N WACKER DR - CHICAGO, IL 60606	56-3258696	501(C)(3)	6,000.	0.	N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE
COMMUNITY FOUNDATION OF TAMPA BAY 4300 W CYPRESS ST, STE 700 TAMPA, FL 33607	59-3001853	501(C)(3)	25,000.	0.	N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 2.

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) (2019)**

932101 10-26-19

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

THE FIRST RECIPIENT IS A YMCA ORGANIZATION. THE SECOND RECIPIENT IS A LOCAL GRANT-MAKING FOUNDATION. WE RECEIVE REPORTINGS FROM THE ORGANIZATIONS ON THE USES OF THE DONATIONS AND REVIEW THEIR 990S ON GUIDESTAR. THE CEO AND OTHER STAFF ALSO RECEIVE UPDATES AND REPORTINGS FROM BOTH ORGANIZATIONS ON THEIR CHARITABLE WORK.

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☒ Health or social club dues or initiation fees		
	☐ Personal services (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 **1b**	X	
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? **2**	X	
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.		
	☒ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)

Schedule J (Form 990) 2019 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC. 59-0810731 Page 2

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) G. SCOTT GOYER	(i)	272,124.	0.	21,274.	33,600.	21,915.	348,913.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS BUTTON	(i)	158,815.	0.	7,057.	21,549.	22,367.	209,788.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROL PARKS	(i)	148,789.	0.	2,186.	18,617.	9,987.	179,579.	0.
SR VP/CHIEF ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD APPROVED FOR THE YMCA TO PAY FOR SOCIAL CLUB DUES FOR THE BELLEAIR COUNTRY CLUB FOR SCOTT GOYER, PRESIDENT AND CEO. THE PURPOSE IS TO ENCOURAGE FUNDRAISING DEVELOPMENT THROUGH RELATIONSHIPS AS HE LIVES IN THE CLEARWATER/ BELLEAIR AREA. SCOTT REIMBURSES THE YMCA FOR PERSONAL EXPENSES (MEALS, CART FEES) FOR PERSONAL ACTIVITIES AT THE CLUB. REMAINING MONTHLY DUES ARE INCLUDED IN SCOTT'S COMPENSATION AND TAXED AS COMPENSATION. THE TOTAL DUES PAID IN 2019 AND TAXED AS COMPENSATION WERE $8,956 (12 MONTHS).

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SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ 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: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

Part I Bond Issues SEE PART VI FOR COLUMN (A) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	PINELLAS COUNTY INDUSTRIAL DEVELOPMENT A	59-6000800	NONE	08/01/18	10270150.	SEE PART VI		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,415,948.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,270,150.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	173,619.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	10,096,531.			
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule K (Form 990) 2019**

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		%		%		%	
6	Total of lines 4 and 5	.00 %		%		%		%	
7	Does the bond issue meet the private security or payment test?	X							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

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Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	SUNTRUST BANK							
c Term of hedge	10.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 11/03/2017

(F) DESCRIPTION OF PURPOSE:
REISSUANCE OF 2012 BOND WHICH WAS USED TO REFINANCE OBLIGATIONS RELATED TO THE REVENUE BONDS ISSUED IN 2002 AND ALL OUTSTANDING BANK LOANS, THE PROCEEDS OF WHICH ARE RESTRICTED TO RENOVATING, IMPROVING AND EQUIPPING CERTAIN OF THE ORGANIZATION'S FACILITIES.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number: 59-0810731

FORM 990, PART III, LINE 1: MISSION STATEMENT:

THE YMCA IS A POWERFUL ASSOCIATION OF MEN, WOMEN, AND CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE. WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING THE NATION'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES, AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE. EACH DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME, OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW, AND THRIVE. FROM QUALITY OUT-OF-SCHOOL PROGRAMMING AND LIFE-SAVING SWIM LESSONS TO VALUE-BASED YOUTH SPORTS AND ENGAGING HEALTHY ACTIVITIES FOR THE ENTIRE FAMILY, THE Y'S PROGRAMS AND INITIATIVES STAY TRUE TO OUR MISSION. WE ARE PROUD TO HELP MORE THAN 128,000 PEOPLE IN OUR COMMUNITY RECEIVE THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY.

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE YMCA OF THE SUNCOAST IS A CAUSE-DRIVEN CHARITABLE ORGANIZATION THAT STRENGTHENS THE FOUNDATIONS OF COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. SERVING 128,000 MEN, WOMEN, AND CHILDREN IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES, THE Y PROVIDES OPPORTUNITIES FOR ALL AGES TO LEARN, GROW, AND THRIVE.

THERE ARE THREE AREAS OF FOCUS THAT ALLOW US TO FULFILL OUR MISSION

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EACH AND EVERY DAY. THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE Y CAN PROMISE AND DELIVER LASTING PERSONAL AND SOCIAL CHANGE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE YMCA OF THE SUNCOAST HAS CONTINUED TO STRENGTHEN MEANINGFUL PARTNERSHIPS AND HAS DEVELOPED NEW RELATIONSHIPS IN THE PAST YEAR WITH NATIONAL AND LOCAL ORGANIZATIONS TO PROVIDE NEW OPPORTUNITIES AND BENEFITS FOR THOSE WE SERVE IN OUR COMMUNITIES.

- PEDALING FOR PARKINSON'S BEGAN AT OUR CITRUS MEMORIAL HEALTH FOUNDATION BRANCH AS PART OF A NATIONWIDE EIGHT-WEEK PROGRAM DESIGNED TO FORESTALL THE PROGRESSION OF PARKINSON'S DISEASE AND ALLEVIATE A BROAD RANGE OF SYMPTOMS ASSOCIATED WITH THE DISEASE. PARTICIPANTS RIDE THROUGH GUIDED INSTRUCTION THREE TIMES A WEEK AT NO COST TO ANY COMMUNITY MEMBER.

- A MIDDLE SCHOOL MENTORING PROGRAM WAS STARTED AT OUR GREATER PALM HARBOR BRANCH IN PARTNERSHIP WITH THE MIDDLE SCHOOL, WHICH IDENTIFIED STUDENTS AT-RISK AND IN NEED OF MENTORING. THIRTEEN STUDENTS RECEIVE ONE-ON-ONE MENTORING, SUPPORT, AND GUIDANCE EACH WEEK FROM A Y VOLUNTEER ON SOCIAL, BEHAVIORAL AND EDUCATIONAL SKILLS AND DEVELOPMENT.

- 4 SQUARE WAS LAUNCHED IN CONJUNCTION WITH HIGH POINT ELEMENTARY SCHOOL, GIVING STUDENTS A STRUCTURED RECESS AND OUTDOOR TIME WITH A FOCUS ON CHARACTER BUILDING. THE ELEMENTARY SCHOOL IS SITUATED IN AN UNDERSERVED NEIGHBORHOOD.

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS SCHOOL AGE PROGRAMS BEFORE AND AFTERSCHOOL CARE, SUMMER CAMP, LEADERS CLUBS, SWIM, SPORTS & PLAY, AND OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20 PERCENT OF THE YOUNG PEOPLE WE ENGAGE.

THE YMCA PROVIDES BEFORE AND AFTERSCHOOL CARE THROUGHOUT THE SCHOOL YEAR TO PRE-K, ELEMENTARY AND MIDDLE SCHOOL-AGE CHILDREN RESIDING IN PINELLAS, PASCO, HERNANDO OR CITRUS COUNTIES, INCLUDING SPECIAL NEEDS AND DEVELOPMENTALLY DISABLED CHILDREN. YMCA SCHOOL-AGE CARE ENSURES THAT THE TIME GAPS BEFORE AND AFTER SCHOOL ARE FILLED CREATIVELY AND CONSTRUCTIVELY. THIS PROGRAM PROVIDES WORKING PARENTS WITH SAFE, EDUCATIONAL, AFFORDABLE, QUALITY SUPERVISION FOR THEIR CHILDREN. ALL OF OUR AFTERSCHOOL PROGRAMS FOCUS ON YOUTH DEVELOPMENT FOR ALL COMMUNITIES WITH A HOLISTIC DEVELOPMENT APPROACH (SOCIAL/EMOTIONAL, PHYSICAL, AND COGNITIVE/ACADEMIC). THE SCHOOL-AGE PROGRAMS PROVIDING BEFORE AND AFTERSCHOOL CARE PROGRAMS OPERATES IN 55 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS, AND YMCA SITES SERVING OVER 7,200 CHILDREN THROUGHOUT THE SCHOOL YEAR. OUR YMCA PROVIDES A HIGH-QUALITY CURRICULUM USING MULTIPLE PARTNERS FOR ENRICHMENT PROGRAMS AND EVIDENCE-BASED LEARNING. THE

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CURRICULUM IDENTIFIES, UTILIZES, AND RECOGNIZES CULTURAL DIFFERENCES AND COMMONALITIES THROUGHOUT MOST ACTIVITIES AND ALIGNS WITH THE EDUCATIONAL STANDARDS.

THE YMCA PROVIDED FINANCIAL ASSISTANCE FOR APPROXIMATELY 20% OF ENROLLED CHILDREN TOTALING $619,000. ADDITIONALLY, AFTERSCHOOL READERS IS IN PLACE IN ALL FOUR COUNTIES SERVED. AFTERSCHOOL READERS GIVES KIDS ACCESS TO BOOKS AND ENCOURAGES READING A MINIMUM OF 90 MINUTES PER WEEK IN THE AFTERSCHOOL PROGRAM.

- ONE OF OUR SUCCESSFUL SIGNATURE AFTERSCHOOL ACADEMIC AND ENRICHMENT FOCUSED PROGRAMS, THE ACHIEVEMENT GAP PROGRAM, OPERATES WITHIN PINELLAS, PASCO AND HERNANDO COUNTY SCHOOLS IN 11 LOCATIONS. ALTHOUGH DESIGNED TO HELP THOSE THAT ARE FALLING BEHIND, ALL THE STUDENTS ENROLLED IN THE AFTERSCHOOL PROGRAM ARE BENEFITTING FROM SUPPLEMENTAL LEARNING THROUGH ACTIVITIES, GAMES, AND PROJECTS THAT ARE FUN AND ENGAGING.

- IN 2019, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY (JWB) PROVIDED FUNDING THROUGH THE PROMISE TIME PROGRAM TO SERVE CHILDREN WITH A FINANCIAL NEED AT SIX ELEMENTARY SCHOOL SITES OF AT NO COST TO THEM. THE PROGRAM PROVIDES BEFORE AND AFTER-CARE STAFFING, TUTORS, SCHOOL LIAISONS, AND ENRICHMENT LEARNING ACTIVITIES.

- THE YMCA AFTERSCHOOL PARTNERSHIP WITH PINELLAS COUNTY SCHOOLS IS ABLE TO PROVIDE NOT ONLY SNACKS BUT WEEKDAY DINNER MEALS TO ALL PARTICIPANTS AND FAMILIES IN MOST ELEMENTARY SCHOOLS IN THE COUNTY (ALL TITLE I SCHOOLS). THE ENROLLMENT FOR QUALIFIED CHILDREN IS FREE, AND THE COST

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FOR ADDITIONAL FAMILY MEMBERS IS NOMINAL AND INCLUDES EDUCATION PROGRAMMING THAT FOLLOWS HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA) STANDARDS.

IN PINELLAS COUNTY, WE OFFER Y LEARNING ACADEMIES AT MIDDLE SCHOOLS. THESE ACADEMIES DEVELOP STUDENTS WHO ARE PASSIONATE AND ENGAGED IN THEIR EDUCATION THROUGH HANDS-ON LEARNING IN STEM FIELDS. TEACHERS WORK WITH THE YMCA TO COORDINATE LEARNING FROM THE SCHOOL DAY WITH THE AFTER SCHOOL PROGRAM AND PROVIDE HOMEWORK ASSISTANCE AND TUTORING. HANDS-ON OPPORTUNITIES IN CODING, VIDEO PRODUCTION, ROBOTICS, PODCASTING, PROGRAMMING, IS HELPING MORE STUDENTS ACHIEVE HIGH SCHOOL GRADUATION, COLLEGE ATTAINMENT, AND TRANSITION INTO STEM FIELDS IN THE WORKFORCE.

YMCA SUMMER CAMPS SERVE PRESCHOOL CHILDREN, SCHOOL-AGE CHILDREN, AND TEENAGERS RESIDING IN OUR FOUR-COUNTY SERVICE AREA. KIDS HAVE FUN WHILE THEY LEARN HOW TO MAKE NEW FRIENDS, BUILD NEW SKILLS, AND GROW IN SELF-CONFIDENCE. FOR MORE THAN 4,100 CHILDREN IN 2019, CAMP PROVIDED HIGH QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS AWARDED TO APPROXIMATELY 20% OF CAMPERS, TOTALING $261,000.

- BASED ON THE NATIONAL YMCA PROGRAM MODEL, YMCA CAMP PROVIDES CHILDREN WITH AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING, AND RESPECT FOR THE PURPOSE OF BUILDING SELF-ESTEEM THROUGH THE GROWTH OF THE SPIRIT, MIND, AND BODY. THIS IS ACCOMPLISHED THROUGH ACTIVITIES THAT INCLUDE FIELD TRIPS, CRAFTS, SONGS, ARCHERY, VALUES, FITNESS, SPORTS, NATURE ACTIVITIES, SWIMMING, AND CANOEING.

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- THE Y SCHOLARS LEARNING ACADEMY SUMMER PROGRAM OPERATED IN TWO SCHOOL LOCATIONS IN PASCO COUNTY AND INTRODUCED 150 SCHOLARS IN GRADES K-5 TO A CULTURE OF HIGH EXPECTATIONS. STUDENTS WERE ENCOURAGED TO "DISCOVER THE GENIUS WITHIN" THROUGH WEEKLY THEMES AS WELL AS COLLEGE AND CAREER READINESS ACTIVITIES OVER A SIX-WEEK PERIOD. PREVIOUSLY UNDERPERFORMING SCHOLARS INCREASED AN AVERAGE ONE MONTH'S GRADE-EQUIVALENT IN READING GAINS AND AN AVERAGE ONE MONTH'S GRADE EQUIVALENT IN MATH GAINS DURING THIS SUMMER PROGRAM.

- THE PINELLAS COUNTY SCHOOL BOARD CONTRACTED AGAIN WITH OUR YMCA TO PROVIDE WRAP-AROUND CARE FOR THEIR SUMMER BRIDGE PROGRAM. WE SERVED OVER 900 CHILDREN, MANY OF WHOM WERE FUNDED BY THE JUVENILE WELFARE BOARD TO ATTEND THE SUMMER SCHOOL LEARNING SESSIONS TO BRING THEM CLOSER TO THEIR GRADE LEVEL REQUIREMENTS.

- THE Y HAS ALSO COMMITTED TO SERVING INDIVIDUALS WITH SPECIAL NEEDS AND CHALLENGES THROUGH CAMP COAST (CHILDREN ON THE AUTISM SPECTRUM TOGETHER). THE PROGRAM PROVIDES CHILDREN WITH AUTISM A SPECIALIZED AND VALUABLE DAY CAMP EXPERIENCE THAT ALLOWS THEM TO FEEL COMFORTABLE IN A SAFE, FUN, AND NURTURING ENVIRONMENT.

YMCA SWIM, SPORTS, AND PLAY PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND PROPER NUTRITION, AND LEARN WAYS TO HAVE FUN. BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING, AND GOOD HEALTH OVER POINTS SCORED, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT. THE YMCA KNOWS THAT WITH THIS APPROACH,

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Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number 59-0810731

EVERYONE WINS-UNDEFEATED IN SPIRIT, MIND, AND BODY.

DURING THE YEAR, THE YOUTH SPORTS PROGRAMS SERVED 6,200 CHILDREN (SOME DUPLICATED) IN YOUTH BASEBALL, DANCE, GYMNASTICS, YOUTH SOCCER, YOUTH FLAG FOOTBALL, YOUTH BASKETBALL, YOUTH TENNIS, YOUTH TAE KWON DO, YOUTH VOLLEYBALL, SWIM TEAMS, YOUTH TRACK AND FIELD AND MANY OTHERS.

IN 2019, THE YMCA OF THE SUNCOAST SERVED MORE THAN 14,000 TWEENS AND TEENS (YOUTH BETWEEN THE AGES OF 11-17) IN A VARIETY OF PROGRAMS AND THROUGH Y MEMBERSHIPS. YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC.

THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 33 STUDENTS FROM HIGH SCHOOLS IN PINELLAS, PASCO, HERNANDO, AND CITRUS COUNTIES. ACTIVITY DAYS EXPOSE THE TEENS TO LOCAL GOVERNMENT LEADERS AND BUSINESS OPERATORS FOR LEADERSHIP AND A BETTER UNDERSTANDING OF THEIR COUNTY. STUDENTS LEARN FIRST-HAND ABOUT GOVERNMENT AND CIVIC ISSUES, COLLABORATE ON POSSIBLE SOLUTIONS THAT CULMINATE ONCE A YEAR WITH A STATE CONFERENCE IN TALLAHASSEE WITH OTHER TEENS FROM AROUND THE STATE. AT THE STATE CONFERENCE, MEMBERS OF THE SUNCOAST YMCA DELEGATION WON AWARDS FOR PARTICIPATION IN ACTIVITIES SUCH AS BILL WRITING, JUDICIAL PROCEEDINGS, AND DEBATING. SOME IN OUR GROUP EARNED PRESTIGIOUS POSITIONS AT THE STATE DELEGATION.

WE CONTINUE TO HAVE POPULAR TEEN CENTERS AT OUR CLEARWATER, HIGH POINT, GREATER RIDGECREST, NORTH PINELLAS, HERNANDO COUNTY, JAMES P. GILLS

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FAMILY, AND GREATER PALM HARBOR BRANCHES. WITH A GOAL TO SERVE TEENS BETTER, WE LOOK TO FIND MORE WAYS TO ENGAGE TEENS IN YMCA PROGRAMS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

- DEVELOPED IN PARTNERSHIP WITH THE PARENT ORGANIZATIONS, LEADERSHIP PINELLAS AND LEADERSHIP CITRUS, YOUTH LEADERSHIP PINELLAS, AND YOUTH LEADERSHIP CITRUS SEEK TO EDUCATE INTERESTED HIGH SCHOOL TEENS LIVING IN THOSE COUNTIES ON COMMUNITY ISSUES, DEVELOP LEADERSHIP POTENTIAL, AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES. THE ANNUAL NINE-MONTH PROGRAM IS A PARTNERSHIP BETWEEN THE ADULT-RUN LEADERSHIP ORGANIZATION AND THE YMCA OF THE SUNCOAST. EACH CLASS HAS THE OPPORTUNITY TO MEET COMMUNITY DECISION-MAKERS, AND GRADUATES ARE BETTER PREPARED TO TAKE ON LEADERSHIP ROLES OF THEIR OWN. THE CLASSES RUNNING THROUGH SPRING 2019 INCLUDED 48 STUDENTS.

- AT FIVE OF OUR BRANCHES, LEADERS CLUB MEETS AND INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDING SELF-ESTEEM, AND A SENSE OF ACCOMPLISHMENT THROUGH A SERIES OF WELL-ROUNDED TRAININGS IN THE AREA OF PHYSICAL EDUCATION, HEALTHY LIVING, PERSONAL GROWTH, AND VALUES. STUDENTS LEARN VALUABLE WORK AND GAIN COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY. IN 2019, 123 YOUTH AGES 12-17 TOOK PART IN OUR LEADERS CLUBS.

- IN 2019, 24 OF OUR TEENS GATHERED WITH OTHERS FROM AROUND THE COUNTRY AT BLUE RIDGE LEADERS SCHOOL IN BLUE RIDGE, NORTH CAROLINA, FOR A WEEK-LONG PROGRAM THAT TEACHES TEEN LEADERSHIP DEVELOPMENT THROUGH YMCA HEALTH AND PHYSICAL EDUCATION. OUR LEADERS CLUBS MEMBERS PARTICIPATED IN HEALTHY ACTIVITIES WHILE DEMONSTRATING TRADITIONAL CHRISTIAN VALUES.

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WE CONTINUE WORK IN OUR EARLY LEARNING READINESS (ELR) PROGRAM AT THE HIGH POINT YMCA AND THE CLEARWATER YMCA WITH TWO GROUPS OF CAREGIVERS AND CHILDREN. THIS FREE PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND IS FOR CAREGIVERS, PARENTS, AND THEIR CHILDREN AGED FIVE AND UNDER. THE Y'S PROGRAM HELPS CHILDREN WITH LANGUAGE SKILLS AND PREPARES THEM ENTER SCHOOL READY TO SUCCEED. IN 2019, THE PROGRAM GAVE 57 PARENTS, CAREGIVERS, AND CHILDREN SKILLS TO ENCOURAGE LEARNING.

WE OFFER CHILDREN THE OPPORTUNITY TO LEARN TO FISH AND RESPECT THE ENVIRONMENT WITH TWO KIDS' FISHING TOURNAMENTS HELD ACROSS THE SERVICE AREA DURING THE YEAR. APPROXIMATELY 200 CHILDREN BENEFIT FROM THESE VOLUNTEER-LED EVENTS EACH YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, 128,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2019, WE PROVIDED $869,000 IN DIRECT FINANCIAL ASSISTANCE FOR MEMBERSHIPS AND PROGRAMS TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE. FOR MORE THAN 170 YEARS, THE YMCA HAS INCLUDED AN EQUILATERAL TRIANGLE IN ITS LOGO AS A SYMBOL OF WELLNESS, THE PURSUIT OF WHICH HAS LONG BEEN ONE OF THE ORGANIZATION'S SOUGHT

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AFTER OUTCOMES. REPRESENTATIVE OF A BALANCED SPIRIT, MIND, AND BODY, THE EQUILATERAL TRIANGLE HAS OFTEN BEEN DRAWN INSIDE OF A CIRCLE REPRESENTING THE SOCIAL DIMENSION OF HEALTH - OUR RELATIONSHIPS AND CONNECTIONS TO OTHER PEOPLE BEING A KEY COMPONENT OF OUR WELLNESS.

THE YMCA OF THE SUNCOAST PROVIDES NUMEROUS HEALTH AND WELLNESS PROGRAMS FOR ITS MEMBERS AND PROGRAM PARTICIPANTS. AMONG CHILDREN AND FAMILIES, THE YMCA PROMOTES THE IMPORTANCE OF A PHYSICALLY ACTIVE LIFESTYLE THROUGH PROGRAMS LIKE PERSONAL TRAINING, ACTIVE OLDER ADULTS, CPR/FIRST AID, YMCA MEMBERSHIP, FAMILY NIGHTS, THE YMCA'S DIABETES PREVENTION PROGRAM, WALKING AND RUNNING CLUBS, SOCIAL GROUPS, ADULT SPORTS, FAMILY NIGHTS, AND MANY OTHERS. TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCAS BY PARTICIPATING IN THE YMCA OF THE USA HEALTH INNOVATION INITIATIVES.

FOR ADULTS, THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THE PEOPLE WHO RELY ON OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES. WITH THE COORDINATION OF OUR VICE PRESIDENT OF HEALTHY LIVING, WE OVERSEE, DEVELOP, AND IMPLEMENT HEALTHY LIVING PROGRAMMING AND SERVICES FOR ALL AND PROMOTE YMCA HEALTH AND WELLNESS INITIATIVES. YMCA OF THE SUNCOAST BUILDS AND MAINTAINS COLLABORATIONS WITH COMMUNITY HEALTH PARTNERS SUCH AS LOCAL HOSPITALS, PHYSICIANS, STATE, COUNTY, AND LOCAL GOVERNMENT AGENCIES, AND LARGE EMPLOYERS TO INCORPORATE PRINCIPLES OF HEALTHY LIFESTYLES INTO OUR WORK. THROUGH THESE COLLABORATIONS, OUR PARTNERS PROVIDE REFERRALS AND SUPPORT TO YMCA EVIDENCE-BASED PROGRAMS FOR THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES. OTHER HEALTH AND WELLNESS INITIATIVES INTRODUCED BY THE YMCA OF THE USA ARE REGULARLY PILOTED AND TESTED IN OUR ORGANIZATION.

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- OUR ONGOING YMCA OF THE USA-DEVELOPED PROGRAM IS ENHANCEFITNESS. THESE CLASSES SERVED 893 PARTICIPANTS IN 2019. ENHANCEFITNESS IS A 16-WEEK SENIOR FITNESS AND ARTHRITIS MANAGEMENT PROGRAM THAT HELPS OLDER ADULTS BECOME MORE ACTIVE, ENERGIZED, AND EMPOWERED FOR INDEPENDENT LIVING. EXERCISES FOCUS ON CARDIOVASCULAR ENDURANCE, STRENGTH, BALANCE, AND FLEXIBILITY, WHICH CAN REDUCE ARTHRITIS SYMPTOMS.

- MOVING FOR BETTER BALANCE IS A 12-WEEK FALLS-PREVENTION PROGRAM THAT SERVED AN ADDITIONAL 18 INDIVIDUALS. THIS PROGRAM TRANSFORMS MARTIAL ARTS MOVEMENTS INTO A THERAPEUTIC REGIMEN THAT IMPROVES POSTURAL STABILITY, AWARENESS OF BODY POSITIONING, FUNCTIONAL WALKING, AND MOVEMENT SYMMETRY AND COORDINATION, RANGE OF MOTION, AND LOWER BODY MUSCLE STRENGTH.

- THE YMCA'S DIABETES PREVENTION PROGRAM CONTINUES TO THRIVE, SERVING 132 INDIVIDUALS AT RISK THIS YEAR. THIS PROGRAM'S FOCUS IS TO HELP THOSE AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES ADOPT AND MAINTAIN HEALTHY LIFESTYLES BY EATING HEALTHIER, INCREASING PHYSICAL ACTIVITY AND LOSING A MODEST AMOUNT OF WEIGHT TO REDUCE THEIR CHANCES OF DEVELOPING THE DISEASE.

- THE YMCA OF THE SUNCOAST CONTINUED TO BE A PARTNER WITH LIVESTRONG HOSTING MANY BRANCH GROUPS THAT ADDRESS THE PARTICULAR DESIRES, NEEDS, AND INTERESTS OF CANCER SURVIVORS. ACROSS OUR SERVICE AREA, 166 PARTICIPANTS WERE INVOLVED IN LIVESTRONG CLASSES AND SUPPORT. DUE TO THE PROGRAM'S SUCCESS, THE HEALTHY LIVING TEAM COLLABORATED FOR A

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SEVENTH YEAR WITH MORTON PLANT MEASE, BAYCARE HEALTH SYSTEMS, TO ACT AS CAMP COUNSELORS FOR MEASE'S CAMP LIVING SPRINGS IN OCTOBER. THE CAMP SERVED 62 CANCER SURVIVORS, AND THE Y DESIGNED THE CAMP'S ITINERARY.

THE YMCA CONTINUES TO OFFER A HOST OF PROGRAMS FOR ADULTS, INCLUDING SWIMMING GROUPS, WALKING AND RUNNING CLUBS, TAI CHI, YOGA, PILATES, STRESS MANAGEMENT, PERSONAL TRAINING, GROUP EXERCISE, STRENGTH TRAINING, SOCIAL GROUPS AND MUCH MORE. WE CONTINUE TO INTEGRATE LES MILLS EXERCISE CLASSES INTO OUR GROUP EXERCISE SCHEDULES INCLUSIVE OF POPULAR STRENGTH TRAINING CLASSES, MARTIAL ARTS-STYLE CARDIO CLASSES, AND CYCLING CLASSES.

ADULT SPORTS PROGRAMS INCLUDE ADULT BASKETBALL, ADULT TENNIS, ADULT SWIM LESSONS, AND SWIM LEAGUES, ADULT VOLLEYBALL, ADULT TENNIS, RACQUETBALL, AND OTHERS. PROGRAMS ARE OFFERED TO MEET THE NEEDS OF THE MEMBERS OF EACH LOCAL COMMUNITY.

SENIOR PROGRAMMING FOR ACTIVE OLDER ADULTS IS A LARGE PART OF OUR HEALTH AND WELLNESS OFFERINGS. WITH MANY RETIREMENT COMMUNITIES ACROSS OUR SERVICE AREA, SENIORS NOT ONLY COME TO THE Y FOR PHYSICAL EXERCISE AND WELLNESS BUT SOCIALIZATION AND CAMARADERIE AMONG FRIENDS. ALONG WITH MANY SENIOR FITNESS CLASSES AND PROGRAMS, WE ALSO HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP-BUILDING AMONG OUR SENIOR COMMUNITIES. IN 2019, FOUR OF OUR YMCA BRANCHES OFFERED DIY AT THE Y ("DO IT YOURSELF AT THE Y"), AN INITIATIVE THAT GIVES OLDER ADULTS, THAT HAVE A PASSION AND EXPERTISE IN SOMETHING AN OPPORTUNITY TO VOLUNTEER TO TEACH OTHERS. MEMBERS LED CLASSES SUCH AS KNITTING, QUILTING, BIBLE STUDY, GARDENING, HOW TO BUILD A BIRD HOUSE, HOW TO

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PLAY BRIDGE & MAHJONG, AND MANY MORE.

CLASSES AND PROGRAMS ARE PROVIDED TO HELP OLDER ADULTS MAINTAIN THEIR SELF-SUFFICIENCY AND INDEPENDENCE BY MAINTAINING A HEALTHY LIFESTYLE. THE ARTHRITIS AND WATER EXERCISE CLASSES ARE DESIGNED ESPECIALLY FOR SENIORS TO MAINTAIN MUSCLE TONE AND FLEXIBILITY USING THE WATER TO CUSHION THE JOINTS. IN ADDITION TO ENHANCING MOTOR FUNCTION, THESE PROGRAMS SERVE A PREVENTATIVE HEALTH FUNCTION IN THAT THEY MAY PREVENT OR POSTPONE THE NEED FOR SURGERIES.

YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING A HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEES. THE YMCA TAUGHT 7,776 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES IN 2019. WE ALSO TAUGHT WATER SAFETY LESSONS AND EDUCATION TO AN ADDITIONAL 3,171 CHILDREN IN SCHOOL AND CAMP SETTINGS IN A LAND-BASED CLASS. DROWNING IS THE SECOND-LEADING CAUSE OF DEATH IN CHILDREN IN THIS COMMUNITY. WE FEEL LEARNING TO SWIM IS A NECESSITY, NOT A LUXURY. LEARN-TO-SWIM LESSONS ARE CONDUCTED DAILY THROUGHOUT THE YEAR FOR INFANTS FROM SIX-MONTHS-OLD TO ADULTS.

GRANTS FROM PRIVATE DONATIONS AND LOCAL, FOUNDATION AND CORPORATE SUPPORT PROVIDED OVER $100,000 TO FUND CHILDREN AND ADULTS IN FREE AND DISCOUNTED SWIMMING CLASSES DURING THE YEAR. DURING THE SPRING AND SUMMER, EIGHT Y BRANCHES OFFERED SAFETY AROUND WATER, A WEEK OF FREE

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SWIMMING LESSONS PROVIDED TO SCHOOL-AGE CHILDREN. IN ADDITION, THREE AGENCIES JOINED TO LAUNCH THE FIFTH SUMMER WITH ACQUATICS SAFETY PROGRAMMING ACROSS THE TAMPA BAY AREA COORDINATED BY THE YMCA OF THE SUNCOAST, TAMPA METROPOLITAN AREA YMCA, AND THE YMCA OF GREATER ST. PETERSBURG. FREE SWIM AND WATER SAFETY EDUCATION AND LESSONS WERE PROVIDED TO YOUTH IN SUMMER CAMPS AND YMCA BRANCHES. THE FUNDING PARTNERS INCLUDE FLORIDA BLUE, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY, AND TECO (TAMPA ELECTRIC CO.). IN 2019, MORE THAN 6,000 CHILDREN PARTICIPATED IN ONE OR MORE WEEKS OF THESE CLASSES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

YMCA POOLS ARE USED FOR PEOPLE WITH DISABILITIES REGULARLY AS WELL AS SCUBA PROGRAMS, PRIVATE SWIM LESSONS, SWIM TEAMS AND MEETS, AND LIFEGUARD TRAINING CLASSES. THE YMCA CONTINUES TO PROVIDE POOLS FOR AREA HIGH SCHOOL SWIM TEAMS TO PRACTICE AND CONDUCT MEETS. THE YMCA OF THE SUNCOAST HAS ESTABLISHED FAMILY AQUATIC CENTERS AT MOST OF OUR FACILITIES, INCLUDING NORTH PINELLAS, HIGH POINT, GREATER RIDGECREST, GREATER PALM HARBOR, JAMES P. GILLS FAMILY, HERNANDO COUNTY, AND CITRUS YMCA BRANCHES. THESE CENTERS FEATURE SLIDES AND INTERACTIVE DESIGN WITH FOUNTAINS, SPRAYS, AND ACTIVITIES. SEVERAL LOCATIONS FEATURE A ZERO-DEPTH ENTRY POOL. OUR CLEARWATER YMCA HAS AN INDOOR POOL.

THE NORTH PINELLAS BRANCH YMCA SERVED 100 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAM IN 2019. MANY ADULTS ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA. THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES. PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE

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PASCO/UPPER PINELLAS AREA CAN PARTICIPATE IN A PROGRAM THAT ALLOWS THEM TO GROW IN SPIRIT, MIND, AND BODY THROUGH INTERACTION WITH FRIENDS, EXPRESSING THEIR CREATIVITY, AND PARTICIPATING IN RECREATIONAL PROGRAMS.

WE CONTINUE TO OFFER A PROGRAM CALLED SALSA, SABOR Y SALUD. THIS HEALTHY LIVING PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND APPROACHES THE BASICS OF HEALTHY EATING AND NUTRITION, ACTIVE LIVING AND EXERCISE, AND STRENGTHENS THE FAMILY THROUGH SMALL STEPS TOWARD POSITIVE CHANGE. THIS PROGRAM WAS OFFERED AT OUR HIGH POINT AND CLEARWATER YMCAS THIS YEAR.

THE YMCA OF THE SUNCOAST WILL CONTINUE SERVING THE CHILDREN AND FAMILIES IN OUR SERVICE AREA, USING OUR LEARNINGS TO IMPROVE OUR SERVICE AND HELP PEOPLE GROW IN SPIRIT, MIND, AND BODY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 60 YEARS. Y PROGRAMS, SUCH AS VOLUNTEERISM AND GIVING OPPORTUNITIES, GLOBAL PARTNERS, FOSTER CARE FAMILY SUPPORT, STATE ALLIANCES (ADVOCACY), AND WORLD SERVICE, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. IN 2019, WE ENGAGED 128,000 YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS, AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.

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THE YMCA OF THE SUNCOAST, GUIDED BY ITS STRATEGIC PLAN, SETS GOALS TO CREATE A CULTURE OF PHILANTHROPY AND VOLUNTEERISM. THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING, AND SERVING. OUR PLAN PRIORITIZES OUR ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATE AND EXPAND PROGRAMS TO SERVE DIVERSE AND LOW-INCOME COMMUNITIES, SUSTAIN HEALTHY LIVING PROGRAMS, CLOSE THE ACADEMIC ACHIEVEMENT GAP, EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION AND EXPAND THE AQUATICS PROGRAM SO THAT EVERY CHILD WITHIN OUR SERVICE AREA PARTICIPATES IN A BEGIN TO SWIM PROGRAM AND INCREASE FUNDING FOR OUR ENDOWMENT.

WITH ITS COMMITMENT TO NEVER TURN A PERSON OR FAMILY AWAY BECAUSE OF AN INABILITY TO PAY FOR SERVICES, THE YMCA CONTINUES TO BE THE PLACE IN THE COMMUNITY THAT PEOPLE OF ALL INCOMES AND BACKGROUNDS CAN FIND PROFESSIONAL SUPPORT FOR HEALTHY BEHAVIOR CHANGES. THE YMCA OF THE SUNCOAST PROVIDES FINANCIAL ASSISTANCE FOR ALL PERSONS IN NEED. CHARITABLE CONTRIBUTIONS TO THE YMCA ENABLE US TO PROVIDE FINANCIAL ASSISTANCE ON A SLIDING SCALE. WE PROMISE THAT EVERYONE WHO QUALIFIES WILL RECEIVE ASSISTANCE TO THE GREATEST EXTENT POSSIBLE BASED ON THE AVAILABILITY OF FUNDS.

THE Y'S VOLUNTEER PROGRAM Y COMMUNITY CHAMPIONS CONTINUES TO GROW AND EXPAND. CONTINUOUS IMPROVEMENT TO PROCESSES AND RESOURCES ALLOWS THE Y BETTER TO INVOLVE COMMUNITY MEMBERS IN MEANINGFUL AND VALUABLE WORK. AS A VOLUNTEER-LED ORGANIZATION, THE Y CANNOT THRIVE WITHOUT THE SUPPORT OF VOLUNTEERS. WE HONOR YOUTH AND ADULT PROGRAM VOLUNTEERS FROM EACH BRANCH AT AN ANNUAL CELEBRATION AS WELL AS LOCALLY AT EACH BRANCH

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THROUGH VARIOUS FORMS OF RECOGNITION AND THANKS. IN 2019, THE YMCA OF THE SUNCOAST'S VOLUNTEER BASE GREW TO 1,098 ACTIVE VOLUNTEERS, AND THE TOTAL NUMBER OF HOURS WAS 58,000. THIS EQUATES TO MORE THAN 28 FULL-TIME EMPLOYEES.

OUR Y IS FORTUNATE TO BENEFIT FROM TALENTED AND DEDICATED VOLUNTEERS WHO COMPOSE THE BOARD OF DIRECTORS AND ADVISORY COUNCILS AT EACH OF OUR BRANCHES. THESE INDIVIDUALS ADVISE ON STRATEGY, RECOMMEND POLICIES, FORGE COLLABORATIONS IN THE COMMUNITY, AND ACTIVELY FUNDRAISE. THEIR GUIDANCE AND OVERSIGHT IS CRITICAL TO MAINTAINING OUR STRONG REPUTATION, FINANCIAL POSITION, COMMUNITY ROOTS, AND SO MUCH MORE. A TOTAL OF 28 REPRESENTATIVES OF THE COMMUNITY SERVED ON THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS, AND 123 OTHERS AS ADVISORY COUNCIL MEMBERS AT OUR BRANCHES.

IN 2019, THE YMCA OF THE SUNCOAST CONTINUED PARTNERSHIPS TO SERVE FAMILIES THAT INCLUDE AND CARE FOR FOSTER CHILDREN. WE BUILT ON RELATIONSHIPS WITH AGENCIES, INCLUDING ECKERD CONNECTS, DIRECTIONS FOR LIVING, LUTHERAN FAMILY SERVICES, AND KIDS CENTRAL TO SERVE FAMILIES WITH FOSTER CHILDREN. THEY SHARE OUR CALL TO SERVE BY STRENGTHENING YOUTH AND FAMILIES IN OUR COMMUNITIES. THIS OPPORTUNITY STEMS FROM OUR STRATEGIC PLAN TO ENSURE THAT FOSTER HOMES AND FOSTER YOUTH HAVE A YMCA CONNECTION. FAMILIES ARE INVITED TO TAKE ADVANTAGE OF FREE ACCESS TO OUR BRANCHES WITH A YMCA OF THE SUNCOAST MEMBERSHIP. FOSTER CHILDREN HAVE ACCESS TO THE YMCA UP TO THE AGE OF 22. IN 2019, OVER 350 FOSTER CARE PARTICIPANTS WERE SERVED THROUGH MEMBERSHIP AND PROGRAM ENGAGEMENT.

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IN AUGUST 2019, THE YMCA OF THE SUNCOAST HELD A MILITARY BACK TO SCHOOL BASH THAT PROVIDED BACKPACKS AND SCHOOL SUPPLIES TO MORE THAN 500 MILITARY AND LOW-INCOME FAMILIES. AT A DAYLONG CELEBRATION HELD AT THE CLEARWATER BRANCH, CHILDREN AND THEIR FAMILIES ENGAGED IN FUN ACTIVITIES, ENJOYED A MEAL BY THE SALVATION ARMY FOOD TRUCK AND WERE PROVIDED ACCESS TO MORE THAN 60 VENDORS AND GOVERNMENT RESOURCES RANGING FROM VOTING RIGHTS TO MEDICAL ACCESS AND GOVERNMENT PROGRAMS.

IN 2019, THE YMCA OF THE SUNCOAST HELD ITS FOURTEENTH ANNUAL MAYORS' PRAYER BREAKFAST, HOSTED BY THE CITY OF CLEARWATER'S MAYOR. THIS EVENT, ATTENDED BY 300 PEOPLE, WAS A TIME FOR THE COMMUNITY TO COME TOGETHER IN FELLOWSHIP AND PRAYER. AS WELL, OUR PASCO COUNTY YMCA HELD ITS THIRTEENTH ANNUAL PRAYER BREAKFAST IN THEIR COMMUNITY, AND OUR HERNANDO BRANCH HELD THEIR ANNUAL INTERFAITH SERVICE, JOINING FORCES WITH COMMUNITY CHURCHES AND RELIGIOUS INSTITUTIONS FOR A MORNING OF PRAISE.

IN APRIL, THE YMCA HELD ITS ANNUAL NATIONAL YMCA HEALTHY KIDS DAY EVENT IN ALL OF OUR LOCATIONS, WITH AN ESTIMATED OVERALL ATTENDANCE OF 1,200 CHILDREN AND ADULTS. YMCA BRANCH FACILITIES PARTNER WITH LOCAL COMMUNITY BUSINESSES TO PROMOTE HEALTH AND WELL-BEING FOR YOUTH. THIS DAY OF INTERACTIVE FUN FOR PARENTS AND CHILDREN WELCOMES COMMUNITIES ACROSS THE NATION TO ENJOY FREE ACTIVITIES THAT REINFORCE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. PARENTS AND CHILDREN ARE ENCOURAGED TO THINK ABOUT SMALL STEPS THEY CAN TAKE TOWARD HEALTHIER LIFESTYLES AND CONNECTING WITH THEIR COMMUNITY MEMBERS IN POSITIVE WAYS.

THE YMCA OF THE SUNCOAST HAS AN INTERNATIONAL PARTNERSHIP WITH THE YMCA

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OF PERU. THE RELATIONSHIP ALLOWS THE SHARING OF PROGRAM IDEAS AND ORGANIZATIONAL STRENGTHS BETWEEN THE TWO YMCAS. TYPICALLY IN ALTERNATING YEARS, MEMBERS OF EITHER THE YMCA OF THE SUNCOAST OR THE YMCA OF PERU TRAVEL TO EACH OTHER'S COUNTRY TO LEARN FROM ONE ANOTHER. THE VISION FOR THE YMCA PERU-U.S. YMCA MOVEMENT IS IMPLEMENTING A STRATEGY THAT MUTUALLY STRENGTHENS THE ORGANIZATIONAL CAPACITIES AND SELF-RELIANCE OF YMCA PERU AND UNITED STATES YMCAS TO DEEPEN GLOBAL COMMUNITY IMPACT AND ENGAGEMENT. KEY AREAS OF FOCUS HAVE BEEN IDENTIFIED AS PHILANTHROPY AND FUNDRAISING CAPACITY OF YMCA PERU, TEEN LEADERSHIP DEVELOPMENT ADAPTING PERUVIAN BEST PRACTICES TO THE U.S. CONTEXT, BOARD DEVELOPMENT, AND INFUSING A GLOBAL DIMENSION ACROSS YMCA PROGRAMS IN THE U.S.

THE YMCA OF THE SUNCOAST IS A MEMBER OF THE FLORIDA STATE ALLIANCE OF YMCAS. THE ALLIANCE PROVIDES A SINGLE, UNIFIED VOICE FOR THE Y IN FLORIDA. WORKING TOGETHER, WE BELIEVE WE CAN FOCUS ATTENTION ON THE ISSUES AND NEEDS OF YMCAS IN OUR STATE AND CREATE A HEALTHIER AND MORE ACTIVE POPULATION.

FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBERS DAVID L. BRANDON AND ALLEN S. CRUMBLEY HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:
IN 2019, MEMBERS OF THE BOARD OF DIRECTORS WORKED WITH A LAWYER WHO SPECIALIZES IN NONPROFIT ORGANIZATIONS TO REVISE THE WORDING OF THE ORGANIZATION'S BY LAWS AND CONFIRM THAT CORRECT POLICIES ARE IN PLACE. THE CHANGES TO THE BY-LAWS ARE AS FOLLOWS:

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- WORDING WAS ADDED TO THE MEMBERS SECTION INDICATING THAT "NO INDIVIDUAL DESIRING MEMBERSHIP WILL BE TURNED AWAY DUE TO AN INABILITY TO PAY THE FEES FOR SERVICES, BASED ON AVAILABLE FUNDS AND FINANCIAL NEEDS CRITERIA AS DETERMINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS.

-THE MAXIMUM NUMBER OF BOARD MEMBERS WAS INCREASED TO SIXTY (60).

-WORDING WAS ADDED TO ALLOW FOR ELECTRONIC TRANSMISSION FOR BOARD OF DIRECTOR REQUESTS FOR SPECIAL MEETINGS.

-THE TERM FOR THE TREASURER OF THE BOARD WAS EDITED TO REMOVE ANY LIMITATION TO THE NUMBER OF SUCCESSIVE TERMS OF SERVICE.

-THE EXECUTIVE COMMITTEE MUST HAVE ONE HALF OF THE MEMBERSHIP PRESENT TO CONSTITUTE A QUORUM.

-AN AUDIT COMMITTEE WAS ADDED TO THE LIST OF COMMITTEES, WHICH SHALL BE RESPONSIBLE TO PROVIDE ASSURANCE TO THE BOARD THAT THE YMCA HAS THE APPROPRIATE CULTURE AND THE PERSONNEL, POLICIES, SYSTEMS, AND CONTROLS IN PLACE TO SAFEGUARD THE YMCA'S ASSETS AND TO REGULARLY REPORT FINANCIAL INFORMATION TO INTERNAL AND EXTERNAL USERS. THE COMMITTEE SHALL ALSO BE RESPONSIBLE TO SELECT, EVALUATE, AND, IF NECESSARY, REPLACE THE INDEPENDENT AUDITOR WHO WILL EXAMINE THE YMCA'S ACCOUNTS, CONTROLS, AND FINANCIAL STATEMENTS AND REVIEW THE RESULTS OF THE INDEPENDENT AUDITOR'S FINANCIAL STATEMENTS AND REPORTS.

-THE FINANCIAL DEVELOPMENT COMMITTEE WAS RENAMED TO THE PHILANTHROPY COMMITTEE.

-THE TIMING OF THE ANNUAL MEETING OF THE ASSOCIATION WAS UPDATED TO A TIME AFTER THE CLOSE OF THE FISCAL YEAR, DETERMINED BY THE BOARD OF DIRECTORS.

-ARTICLE XII INDEMNIFICATION WAS ADDED, WITH SECTIONS EXPLAIN THE RIGHT TO INDEMNIFICATION, RIGHT TO ADVANCEMENT OF EXPENSES, RIGHT OF INDEMNITEE TO BRING SUIT, NON-EXCLUSIVITY OF RIGHTS, AND INSURANCE MAINTAINED TO PROTECT

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ANY DIRECTOR, OFFICER, EMPLOYEE, OR AGENT OF THE ASSOCIATION.

-ARTICLE XIII DISSOLUTION WAS ADDED TO EXPLAIN WHAT IS TO HAPPEN TO THE ORGANIZATION'S ASSETS IF THE ORGANIZATION WERE TO DISSOLVE OR LIQUIDATE.

-ARTICLE XIV EXEMPT ACTIVITIES WAS ADDED TO DECLARE THAT NO DIRECTOR, OFFICER, EMPLOYEE, OR REPRESENTATIVE OF THE ASSOCIATION SHALL TAKE ANY ACTION OR CARRY ON ANY ACTIVITY BY OR ON BEHALF OF THE ASSOCIATION NOT PERMITTED TO BE TAKEN OR CARRIED ON BY AN ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

-ARTICLE XV EXCESS BENEFIT TRANSACTIONS WAS ADDED TO DECLARE THAT THE BOARD SHALL TAKE SUCH STEPS AS MANY BE REASONABLY BE REQUIRED TO ESTABLISH THAT ANY FINANCIAL TRANSACTIONS BETWEEN THE ASSOCIATION AND ANY DIRECTOR, OFFICER, EMPLOYEE, MAJOR DONOR, OR ANY OTHER DISQUALIFIED PERSON WILL NOT CONSTITUTE AN EXCESS BENEFIT TRANSACTION FOR PURPOSES OF SECTION 4958 OF THE CODE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE YMCA OF THE SUNCOAST BOARD MEMBERS RECEIVE AN EMAILED COPY OF THE COMPLETE FORM 990 AS ULTIMATELY FILED WITH THE IRS PRIOR TO THE FILING DEADLINE (AS EXTENDED FOR THE 2019 RETURN TO JULY 15, 2020). THE BOARD MAY REVIEW THE INFORMATION, MAKE INQUIRIES REGARDING THE 990 AND MAKE RECOMMENDATIONS FOR CHANGES PRIOR TO THE FILING DEADLINE. IN ADDITION, THE CEO AND CFO ALSO REVIEW THE COMPLETE FORM AND OVERSEE THE PREPARATION OF INPUTS AND PROCESSES.

FORM 990, PART VI, SECTION B, LINE 12C:

IN MAY OF EACH YEAR, THE YMCA OF THE SUNCOAST DISTRIBUTES TO ALL FULL-TIME STAFF, VOLUNTEERS SERVING IN A DECISION-MAKING CAPACITY AND THE ASSOCIATION BOARD MEMBERS AND ITS COMMITTEE MEMBERS A CONFLICT OF INTEREST STATEMENT OF

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DISCLOSURE TO BE COMPLETED AND RETAINED AT THE ASSOCIATION OFFICES. THE FORMS ARE COLLECTED BY THE FINANCE DEPARTMENT. ONCE A YEAR, THE RESPONSES ARE REVIEWED BY THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE IS APPOINTED BY THE BOARD CHAIR TO REVIEW AND AUTHORIZE THE SENIOR EXECUTIVE COMPENSATION. THE COMMITTEE MET ON APRIL 4, 2019.

THE MINUTES OF THE BOARD OF DIRECTOR'S MEETING REFLECTS, "PURSUANT TO FEDERAL INTERMEDIATE SANCTIONS LEGISLATION, THE COMPENSATION COMMITTEE MET, REVIEWED COMPARABLE SALARIES FOR SIMILARLY SITUATED YMCA EXECUTIVES AND IT HAS CONCLUDED THAT PAY AND OTHER COMPENSATION GIVEN TO THE SENIOR EXECUTIVES AT THE YMCA OF THE SUNCOAST IS APPROPRIATE AND NOT EXCESSIVE".

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANNUAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST. THE IRS FORM 990 MAY ALSO BE FOUND ON GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -84,271.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHO ASSUME THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

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Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.

Employer identification number 59-0810731

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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

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.

Young Men's Christian Association of the Suncoast, Inc.

2 Business name/disregarded entity name, if different from above

YMCA of the Suncoast

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) 5

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

2469 Enterprise Rd

Requester's name and address (optional)

6 City, state, and ZIP code

Clearwater, FL 33763

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.

Social security number

			–			–				

or

Employer identification number

5	9	–	0	8	1	0	7	3	1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Charlene Clark Date ▶ 2/1/2021

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*.

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.*

Attachment: 13 NPG1 Non-Profit Grant Packet- YMCA of Suncoast (12603 : The Citrus County Nonprofit Grant Program)



Non-Profit Grant

Community Food Bank of Citrus County, Inc.

Application

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Application: NPG1-0000000014

Barbara Sprague - executivedirector@cfbocc.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 10 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Community Food Bank of Citrus County, Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

Community Food Bank of Citrus County

Organization Business Address

Where do you conduct your business?

5259 W. Cardinal Street Building B Homosassa, FL 34446

Mailing Address for Grant Check

Name

Barbara Sprague

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Company

Community Food Bank of Citrus County

Address

5259 W. Cardinal Street Building B

Address 2

(No response)

City

Homosassa

State

Florida

ZIP

34446

Country

United States

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Email Address

Optional but recommended for ease of followup.

executivedirector@cfbocc.org

Phone Number

352-628-3663

Business Website Address

www.feedcitrus.org

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

80-0459100

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

Our mission is to acquire and distribute nutritious, high-quality food to pantries, soup kitchens, and shelters within Citrus County. Together with volunteers and donors, we promote public awareness, inspire community involvement, and strive to end hunger and nourish hope for those in need.
We are the only food bank that provides food relief supplies to 45 pantry partners in Citrus County who distribute it to the residents facing hunger.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 100,000

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 462,250

Has this program previously received County grant funding?

Yes

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

2/1/2021 we received $50,000 from the CARES program to facilitate food relief.

How many years has your organization served Citrus County?

8

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 10 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Community Food Bank of Citrus County Inc.
Country: United States
Ein: 800459100
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 10 2021

W9 2021-02-09_140100

Filename: W9_2021-02-09_140100.pdf **Size:** 1.7 MB

Upload a State of Florida charitable organization registration

Completed - Feb 10 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

FL Cert of Exemption

Filename: FL_Cert_of_Exemption.pdf **Size:** 342.1 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 10 2021

2019 Form 990 - Public Copy

Filename: 2019_Form_990_-_Public_Copy.pdf **Size:** 327.0 kB

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

CFBCC 2018 990

Filename: CFBCC_2018_990.pdf **Size:** 372.2 kB

2017 Form 990 - Public Copy

Filename: 2017_Form_990_-_Public_Copy.pdf **Size:** 337.8 kB

Upload Evaluation Criteria

Completed - Feb 10 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Citrus County Agencies - 2020-07-08

Filename: Citrus_County_Agencies_-_2020-07-08.xls **Size:** 105.0 kB

2021 Citrus CARES Grant

Filename: 2021_Citrus_CARES_Grant.docx **Size:** 61.9 kB

Upload optional presentation

Completed - Feb 10 2021

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

CFBOCC Peer Presentation

Filename: CFBOCC_Peer_Presentation.pptx **Size:** 2.2 MB

Fill out a form

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Completed - Feb 10 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program’s expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Barbara Sprague

Applicant Title

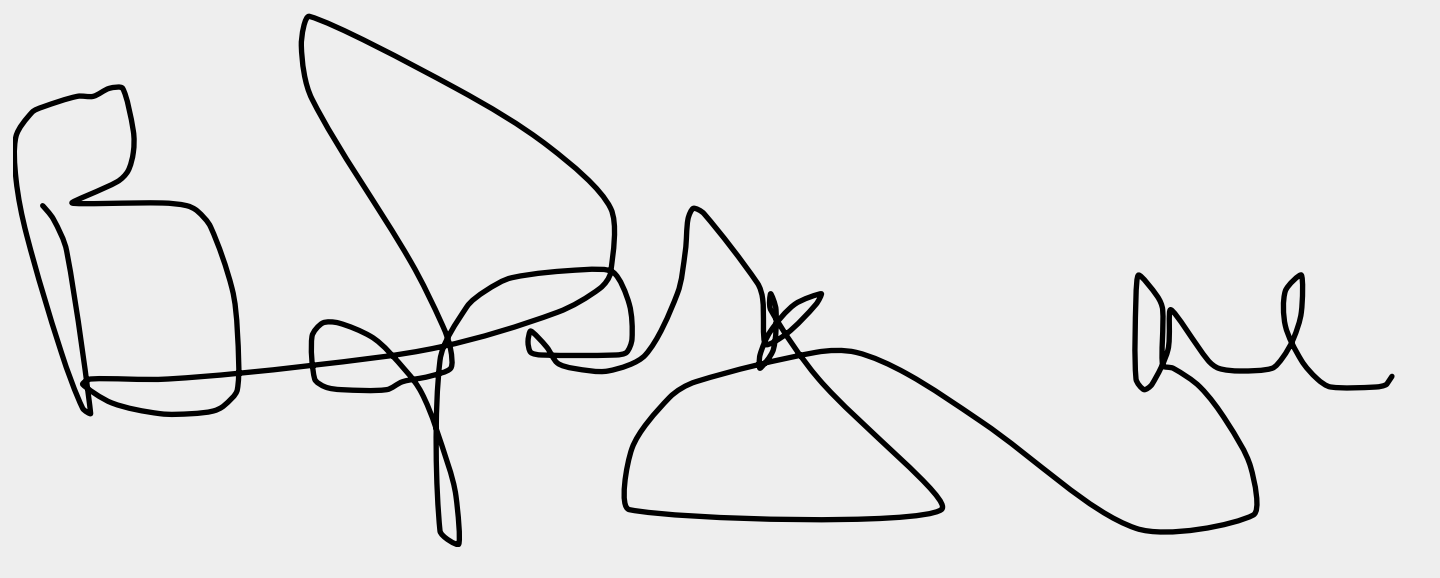
Executive Director

Date

Feb 10 2021

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Signature



Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

COMMUNITY FOOD BANK of Citrus County - AGENCY MASTER LIST

AGENCY NUMBER	AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	MAILING ADDRESS IF DIFFERS	COUNTY	CONTACT NAME OF PANTRY DIRECTOR	TELEPHONE AND FAX NUMBERS	TYPE OF SITE AVERAGE # OF PEOPLE SERVED MONTHLY	DAYS OF DISTRIBUTION	SITE VISIT INSPECTION DATE	USDA	EMAIL ADDRESSES
AJFC	ANNIE W JOHNSON SR CTR 20625 W PENNSYLVANIA AVENUE DUNNELLON, FL 34431	Christine Avina 352-445-6542 (c)	CITRUS	Larry P Cooper 352-489-8021 352-287-9832 (c)	352-489-8021 fx 352-489-6258	Food Pantry	Mon thru Fri 8 - 11:30 AM	03/20/18	USDA	avinac@att.net
ACD	ANOTHER CHANCE DELIVERANCE MINISTRY 7394 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34431	3261 North Chameleon Pt. Crystal River, FL 34428	CITRUS	Bobby Parker 352-228-2532 352-438-8071 (c)	352-795-4798	Food Pantry	Monday 4 PM - 5 PM	07/23/20		mjparker780@yahoo.com bosticm@citrusschool.k-12.fl.us
CCI	CALVARY CHAPEL CHURCH INVERNESS 960 S HWY 41 S. INVERNESS, FL 34450	Richard Haralabatos 352-391-8596 Mark 352-422-3415	CITRUS	Brenda Reid 352-464-1625 Lee Reid 352-422-3415	352-726-1480 fx 352-726-5770	Food Pantry xx People Soup Kitchen 150 People	Food Pantry 2nd Sat 9 - 11 Soup Kitchen Th 12 - 2 PM	03/22/18	USDA	ccoffice11@yahoo.com rlreid86@yahoo.com rharalabatos@gmail.com
CCC	CALVARY CHRISTIAN CENTER 2728 E. HARLEY ST INVERNESS, FL 34453		CITRUS	Luke Thomas 352-586-2053 Susan Falcone 352-476-8310 (c)	352-637-5100 fx 352-637-9290	Food Pantry	Thursday 10 AM - 12 N	07/28/20		luket@invernesscalvary.com suecat33064@aol.com
ACT	CHRISTIAN CENTER CHURCH (was ACT) 7961 W GREEN ACRE ST HOMOSASSA, FL 34446		CITRUS	Denean Taylor 352-628-5076 Pastor Hanks	352-628-5076	Food Pantry xx Families 346 People	Suspended Food Pantry	08/31/18		
CASA	CITRUS ABUSE SHELTER ASSOCIATION - CASA 1100 TURNER CAMP RD INVERNESS, FL 34453	PO Box 205 Inverness, FL 34453	CITRUS	Sunshine Arnold 352-344-8111 Deborah Peterson 352-476-8294 (c)	352-344-8111 fx 352-344-0548	Shelter 20 Families 36 People	Every Day 24/7	07/14/20		sunshine@casafl.org deborah@casafl.org
CAC	CITRUS COUNTY CHILDRENS ADVOCACY CENTER 1410 S LECANTO HWY LECANTO, FL 34461		CITRUS	Melissa Bowermaster 352-270-8814 Kathleen Cossey 352-634-4646 (c)	Christine Weider 352-270-8814 fx 352-270-8816	Feeding Center Snack Program	Mon to Friday 8 AM - 5 PM	07/30/20		melissa@jessiesplacecitrus.org kathleen@jessiesplacecitrus.org
CCFR	CITRUS COUNTY FAMILY RESOURCE CENTER 2435 N. FLORIDA AVENUE HERNANDO, FL 34442	Steve 352-364-6945	CITRUS	Ginger West 352-422-5811 Steve Raines 352-364-6945	352-344-1001 fx 352-341-2006	Food Pantry 406 Families 931 People	Mon to Friday 9:30 - 4:30 PM	03/14/18	USDA	admin@ccfrc.org gingersdesk@tampabay.rr.com vwellman1@tampabay.rr.com
CCHB	CITRUS COUNTY HARVEST / BLESSINGS 2804 W MARC KNIGHTON CT LECANTO, FL 34460	PO Box 82 Lecanto, FL 34460	CITRUS	Christina Reed 352-228-9153 (c)	352-341-7707	Back Pack Program 1650 Students	Friday PM School Year Weekend Food Bag	07/13/20		christina@citruscountyblessings.org
CCVC	CITRUS COUNTY VETERANS COALITION 1039 N PAUL DRIVE INVERNESS, FL 34453	P.O. Box 851 Inverness, FL 34451	CITRUS	Linda Enlow 352-220-6754 352-423-0464 (c)	352-400-8952 Richard Floyd 352-726-5031	Food Pantry 61 Families 110 People	Tuesday 9 AM - 12 N 1st & 3rd Thur 9 AM - 12 N	07/09/20		lindaenlow@rocketmail.com pogosingle@gmail.com rfloyd01@tampabay.rr.com bendle1@yahoo.com
CUB	CITRUS UNITED BASKET CUB 1201 PARKSIDE AVENUE INVERNESS, FL 34450		CITRUS	Kelly Selph 352-344-2242 Kathy Lemons 352-344-2242	352-344-2242 fx 352-344-2146	Food Pantry 340 Families 965 People	Mon thru Friday 9:00 - 2:30 PM	03/22/18	USDA	cub3@yahoo.com, kathylemons123@yahoo.com, cub1@yahoo.com, citrusunitedbasket2@yahoo.com

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

COMMUNITY FOOD BANK of Citrus County - AGENCY MASTER LIST

AGENCY NUMBER	AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	MAILING ADDRESS IF DIFFERS	COUNTY	CONTACT NAME OF PANTRY DIRECTOR	TELEPHONE AND FAX NUMBERS	TYPE OF SITE AVERAGE # OF PEOPLE SERVED MONTHLY	DAYS OF DISTRIBUTION	SITE VISIT INSPECTION DATE	USDA	EMAIL ADDRESSES
HCN	CHURCH OF THE NAZARENE 2101 NORTH FLORIDA AVENUE, HERNANDO, FL 34442		CITRUS	Pastor Andrew Heer	352-726-6144			7/14/20		andrewheer@hernaz.org
CCH	COVENANT CHILDREN'S HOME 11350 N. COVENANT PATH DUNNELLON, FL 34434	Angel & Rebecca 352-489-1148	CITRUS	Jody & Debbie Davis 352-489-1148	352-489-2565 fx 352-489-2331	Residental Children's Home 40 People	24/7	06/29/20		deborah@covenantchildrenshome.org
CRCG	CRYSTAL RIVER CHURCH OF GOD 2180 N.W. 12TH AVENUE CRYSTAL RIVER, FL 34428	Penny Merrill 352-302-9925 (c)	CITRUS	Don Merrill 352-220-4964 (c) 352-628-9087 (h)	352-795-3079 fx 352-795-9696	Food Pantry 572 Families 1,636 People	Tuesday 10:00 - 1 PM	03/20/18	USDA	merrill2359@gmail.com dmerrill4@tampabay.rr.com crcog3@embarqmail.com billdebusk@gmail.com
CRUM CR	CRYSTAL RIVER UNITED METHODIST CHURCH 4801 N. CITRUS AVENUE CRYSTAL RIVER, FL 34428	Celebrate Recovery (CR) Mike Poole 317-410-6408	CITRUS	Shirley Dibble 352-212-9532 Karen Thomas (OFT) 352-697-3014	352-795-3148 fx 352-795-9611	Food Pantry 65 Families 165 People	2nd & 4th Thurs of Mo 10 AM - 12:30 PM	02/01/19		pastor@crumc.com officestaff@crumc.com sdibble@embarqmail.com
CRUM CR	CELEBRATE RECOVERY (CR UMC) 4801 N. CITRUS AVENUE CRYSTAL RIVER, FL 34428	Judy Leavitt 818-512-8621	CITRUS	Glen Lloyd 352-xxx-xxxx Mike Poole 352- xxx-xxxx	352-795-3148 fx 352-795-9611			02/01/19		hand2bod@gmail.com
DAY	DAYSTAR LIFE CENTER 6751 W. GULF LAKE HWY CRYSTAL RIVER, FL 34429	Nancy Whittemore 352-464-3305 Cory (Driver) 352-601-7032	CITRUS	Anthony Kopka 352-795-8668 352-445-3150 (c)	352-795-8668 fx 352-795-8848	Food Pantry 601 Families 1,670 People	Mon thru Friday 9:00 - 2:00 PM	07/30/20		daystarlife1@gmail.com nancy.whittemore@yahoo.com
FBCR	FIRST BAPTIST CHURCH - CRYSTAL RIVER 700 N. CITRUS AVENUE CRYSTAL RIVER, FL 34428		CITRUS	Joyce Young 352-302-1400 (c) Darlene Welch 352-257-3574	352-795-3367 fx 352-795-3714	Food Pantry 427 Families 1,193 People	1st Thursday 5 PM - 8 PM 3rd Saturday 9 AM - 12 N	02/16/17	USDA	mimipopop1@yahoo.com dwelch134@gmail.com office@fbccr.cor
FBFC	FIRST BAPTIST CHURCH OF FLORAL CITY 8545 E MAGNOLIA STREET FLORAL CITY, FL 34436	PO Box 114 Floral City, FL 34436	CITRUS	John McNeal 570-423-3737 (c)	352-726-4296 fx 352-726-0063	Food Pantry 104 Families	3rd Thurs of Month 1:00 - 3:00 PM	02/23/17	USDA	
FBI	ISTACHATTA BAPTIST CHURCH 28075 MAGNUM DRIVE ISTACHATTA, FL 34636		CITRUS	Rev David Beckham 912-276-0334	352-667-6273 fx 352-xxx-xxxx	Food Pantry 120 People	3rd Saturday 10 AM - 12 N	07/17/20		istachattabc@tampabay.rr.com
FLCI	FIRST LUTHERAN CHURCH of INVERNESS 1900 W HIGHWAY 44 INVERNESS, FL 34453		CITRUS	Ellen Manning 352-341-1982 Tom Berbert 352-422-2066	352-726-1637 fx 352-344-0628	Food Pantry 24 Families 53 People	Tues, Weds, Thurs. 10 AM - 1 PM	07/14/20		curtellen23@gmail.com secretary@1stlutheran.church
FUMH	FIRST UNITED METHODIST CHURCH OF HOMOSASSA 8831 W BRADSHAW ST HOMOSASSA, FL 34448		CITRUS	Bob & Judy Powell 352-628-4053 (o) 352-503-3977 (h) 352-630-3277 (c)	352-628-4083 (o)	Food Pantry Soup Kitchen 440 Families 880 People	Thursday 8 AM - 11 AM	07/20/20		bobjudy@tampabay.rr.com

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

COMMUNITY FOOD BANK of Citrus County - AGENCY MASTER LIST

AGENCY NUMBER	AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	MAILING ADDRESS IF DIFFERS	COUNTY	CONTACT NAME OF PANTRY DIRECTOR	TELEPHONE AND FAX NUMBERS	TYPE OF SITE AVERAGE # OF PEOPLE SERVED MONTHLY	DAYS OF DISTRIBUTION	SITE VISIT INSPECTION DATE	USDA	EMAIL ADDRESSES
HCG	HOMOSASSA CHURCH OF GOD 8323 W BRADSHAW ST HOMOSASSA, FL 34448		CITRUS	Pastor Hooper 352-321-5636 Rich/Gina Derby	352-628-2672	Food Pantry 110 Families 110 People	Thursdays 10 AM - 1 PM	08/06/20		ilovetosing1958@yahoo.com
ICG	INVERNESS CHURCH OF GOD 416 U.S. HWY 41 SOUTH, INVERNESS,FL. 34451		CITRUS	David Lucas 352-726-4524	352-726-4524			07/21/20		dlucas@invernesscog.com rvaughan@invernesscog.com
JOY	JOY & PRAISE FELLOWSHIP 4007 N LECANTO HWY BEVERLY HILLS, FL 34464	P.O. Box 640852 Beverly Hills, FL 34464	CITRUS	Laraine Niehr 352-746-3337 Alan Thatcher 352-364-6397	Rev Ed Padgett 352-270-2764 352-364-6397 352-527-8612	Food Pantry 40 People		07/06/20		raynee106@gmail.com
KEY	KEY TRAINING CENTER 5521 W BUSTER WHITTEN WAY LECANTO, FL 34461	5399 W Gulf to Lake Hwy Lecanto, FL 34461	CITRUS	Judy Terry 352-795-5541 Ext 213	352-795-5541 Ext 213	Residental 22 Families 22 People	Daily	01/22/19		keykafe@keytrainingcenter.org
FPCR	LIFE TREE PRESBYTERIAN CHURCH (FPCR) 1501 S.E. HIGHWAY 19 CRYSTAL RIVER, FL 34429		CITRUS	Lorraine Adams 352-250-1204	352-795-2259 fx 352-795-2243	Food Pantry 150 Families 376 People	2nd & 4th Tuesday 10 AM - 1 PM	07/20/20		fpccr01@gmail.com peteach911@Gmail.com
LWM	LIVING WATERS MINISTRIES 4049 LECANTO HWY, BEVERLY HILLS, FL 34465		CITRUS	Jim Talbot 352-777-1251 (c)	352-270-8886	Food Pantry 150 People/wk	Fri 10-1pm	07/06/20		waynezzmail@yahoo.com
MIC	MISSION IN CITRUS HOMELESS SHELTER 2472 N PENNSYLVANIA AVE CRYSTAL RIVER, FL 34428		CITRUS	James Sleighter 352-794-3825 352-270-4357 (c)	352-794-3825 fx 352-794-3826	Shelter 60 Adults 11 Children	Daily	Not Approved		mission@tampabay.rr.com
NCCR	NATURE COAST MINISTRES 796 NORTH SUNCOAST HWY CRYSTAL RIVER, FL 34429		CITRUS	Gary Meiman 352-563-1860 (o) 352-464-5325 (c)	352-228-4907 Mitch 352-220-0969 (c)	Food Pantry Soup Kitchen 202 Families 480 People	Tues & Fri 10 AM - 2 PM Fri & Sat 6 PM - 8 PM	Food Bank Operations Suspended		meimang@myncm.com lfm5012@yahoo.com ozzmoe1@yahoo.com
	Nuevo Comienzo Resource Center		CITRUS	Fracisco Ayala 863-808-8644		Food Pantry		On Hold		pastorayala43@gmail.com
NOBC	NORTH OAK BAPTIST CHURCH 9324 NORTH ELKCAM BLVD CITRUS SPRINGS, FL 34433	Angelo Yodice 727-430-0507 (c)	CITRUS	Chris Lane 352-746-6141 (h) 352-419-3035 (c)	352-489-1688 fx 352-489-6281	Food Pantry 40 People	Last Thursday 11:30 - 1:30 PM	07/10/20		rubicon.doc@gmail.com angeloyodice@gmail.com nobcbarb@bellsouth.net
PATH	PATH OF CITRUS COUNTY INC. SHELTER 27 S MELBOURNE STREET BEVERLY HILLS, FL 34465		CITRUS	DuWayne Sipper 352-527-6500 Kaitlyn Palmer 352-527-6500 Ext 1	352-527-6500	Shelter 100 People	Daily	1/22/19		sipperd@pathofcitrus.org pcitruscounty@tampabay.rr.com

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

COMMUNITY FOOD BANK of Citrus County - AGENCY MASTER LIST

AGENCY NUMBER	AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	MAILING ADDRESS IF DIFFERS	COUNTY	CONTACT NAME OF PANTRY DIRECTOR	TELEPHONE AND FAX NUMBERS	TYPE OF SITE AVERAGE # OF PEOPLE SERVED MONTHLY	DAYS OF DISTRIBUTION	SITE VISIT INSPECTION DATE	USDA	EMAIL ADDRESSES
PFLC	PREGNANCY & FAMILY LIFE CENTER 317 W TOMPKINS STREET INVERNESS, FL 34450	Erica	CITRUS	Stephanie Bell 352-586-3785 (c) Lisa Vinson 352-344-3030	352-344-3030 fx 352-344-9101	Food Pantry 140 Families 381 People	Mon thru Fri 10 AM - 3 PM	03/14/18	USDA	pflcenterorg@gmail.com, stephrn77@yahoo.com, lvinson.pflcinc@yahoo.com, ericar.pflcenter@yahoo.com
RLCD	RIVER LIFE CHURCH 2872 WEST DUNNELLON ROAD, DUNNELLON, FL 34433		CITRUS	Pastor Tom Golden Pastor Glenn Kight 352-445-6406 (c)	352-489-8455			07/09/20		kightglenn@aol.com
SAL	THE SALVATION ARMY CITRUS COUNTY 712 SCHOOL AVENUE LECANTO, FL 34461	Major Kenneth Fagan 352-419-3100 (c) PO Box 1630 Lecanto, FL 34460	CITRUS	Luis and Alma Marin 786-717-8855	352-513-4960 fx 352-513-4967	Food Pantry Soup Kitchen 150 Families 245 People	Mon - Fri 9 - 11 & 1 - 4 Canteen Serv 4-5PM Tues Daystar Wed Homo Lions	08/06/20		kenneth.fagan@uss.salvationarmy.org
SM	SANCTUARY MISSION 7463 W. GROVER CLEVELAND BLVD HOMOSASSA, FL 34446		CITRUS	Joe Elliot	352-621-3277 fx 352-795-552 Store 352-533-7354	Shelter 100 People	24/7	07/20/20		sanctuarymission@gmail.com
SDHE	SEVENTH DAY ADVENTIST CHURCH - HERNANDO 1880 N TRUCKS AVENUE HERNANDO, FL 34442		CITRUS	Kenley Smith 360-241-9745 Betty Smith 352-746-4570	352-746-4570	Food Pantry 33 Families 95 People		06/30/20		hernandosdachurch@gmail.com
SDHO	SEVENTH DAY ADVENTIST CHURCH - HOMOSASSA 5863 W CARDINAL STREET HOMOSASSA, FL 34446	PO Box 559 Homosassa, FL 34446	CITRUS	Dianne Fisher 352-xxx-xxxx Bob Halstead 352-382-7753 (h)	352-628-7950	Food Pantry 120 Families 300 People	1st & 3rd Tuesday 3 PM - 4 PM	07/21/20		dianne7738@outlook.com rghhmoneta@aol.com
SOS	SHEPHERD OF THE HILLS "SOS" MINISTRIES 439 NORVELL BRYANT HWY, HERNANDO, FL 34442		CITRUS	Maria Mel Black - Driver 352-563-5932	352-422-2429 fx 352-746-5013	Food Pantry 499 Families 1,348 People	Every Thursday 8:30 - 11:30	02/15/17	USDA	
SPOT	SPOT FAMILY CENTER 405 SE 7th AVENUE CRYSTAL RIVER, FL 34429	PO Box 2046 Lecanto, FL 34465	CITRUS	Joseph Vissicchio 352-212-4788 Evelyn 352-212-4851	352-794-3870 fx 352-794-3871	Food Pantry	Holiday Distribution	Not Approved		joesteel@gmail.com evthespot@yahoo.com
SAEC	ST. ANNE'S EPISCOPAL CHURCH (Our Father's Table) 9870 W FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429	Linda Axelson	CITRUS	Linda Axelson 352-795-2176	352-795-2176 fx 352-795-5766	Food Pantry 16 Families 81 People Soup Kitchen	Mon Wed Fri 4-5:30 PM	07/21/20		stannescommunications@gmail.com
SEAS	ST. ELIZABETH ANN SETON CATHOLIC CHURCH 1460 W SAINT ELIZABETH PL CITRUS SPRINGS, FL 34434		CITRUS	Michael Hartney 352-489-5334	352-489-5334 fx 352-489-4770	Food Pantry 20 People	3rd Saturday 11:30 - 12:30	7/27/20		hartney2@bellsouth.net
SMEC	ST. MARGARET'S EPISCOPAL CHURCH 114 N. OSCEOLA AVENUE INVERNESS, FL 34450	Lisa 352-584-7855	CITRUS	Eugene Reuman 352-228-7100 (c) Barb Pemberton 352-212-2003	352-726-3153 Nancy Purdy 352-650-2849	Food Pantry Soup Kitchen 110 Families 273 People	Tues & Weds 9:30 - 11:45 Meals - Wed 11:30 AM	03/14/18	USDA	stmaggies@tampabay.rr.com efreuman@gmail.com

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

COMMUNITY FOOD BANK of Citrus County - AGENCY MASTER LIST

AGENCY NUMBER	AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	MAILING ADDRESS IF DIFFERS	COUNTY	CONTACT NAME OF PANTRY DIRECTOR	TELEPHONE AND FAX NUMBERS	TYPE OF SITE AVERAGE # OF PEOPLE SERVED MONTHLY	DAYS OF DISTRIBUTION	SITE VISIT INSPECTION DATE	USDA	EMAIL ADDRESSES
SBC	SUNCOAST BAPTIST CHURCH 5310 S. SUNCOAST BLVD HOMOSASSA, FL 34447	PO Box 4635 Homosassa, FL 34447	CITRUS	Skip Henderson 352-228-7950 (c) 352-628-0256 (h)	Liz Winkelman 352-678-8620 352-621-3008 fx same above	Food Pantry 100 People	2nd Wed 9:00 - 10:30	07/21/20		clarahenderson37@yahoo.com
WCFP	WE CARE FOOD PANTRY 9020 WEST ATLAS DRIVE HOMOSASSA, FL 34448		CITRUS	Laura Byrne 813-720-6067 Mike Culver	352-228-4921 352-503-2079 fx 352-628-1903	Food Pantry 1,000 Families 2,000 People	Mobil Pantry Only	Terminated	USDA	ljbyrne54@gmail.com wecarefood@gmail.com
MFHC	Mid-Florida Homeless Coalition		CITRUS HERNANDO SUMTER	Barbara Wheeler Paula Holtzclaw						

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The



Ending Hunger and Nourishing Hope

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

Who is hungry?

The combined populations of New York City, Los Angeles, Chicago and Houston doesn't come close to equaling the number of hungry people in the US.

- 4 in 10 of the households, approximately 26,000 residence in Citrus County fall below the poverty line. The pandemic has spiked this by 400%.
- 1 in 6 adults and 1 in 4 children are "food insecure" or do not know where their next meal is coming from.
- 72% of the students in Citrus County schools are on free and reduced lunch.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

ABOUT THE FOOD BANK

- Over 21 million pounds of food distributed since January 2013
- Partner
- Not government funded, we rely solely on donations
- Some of our major donors include:
  - Walmart
  - Black Diamond Foundation
  - Citrus County Community Charitable Foundation
  - Suncoast Credit Union
- We supply food to 56 agencies who distribute to individuals & families in need

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

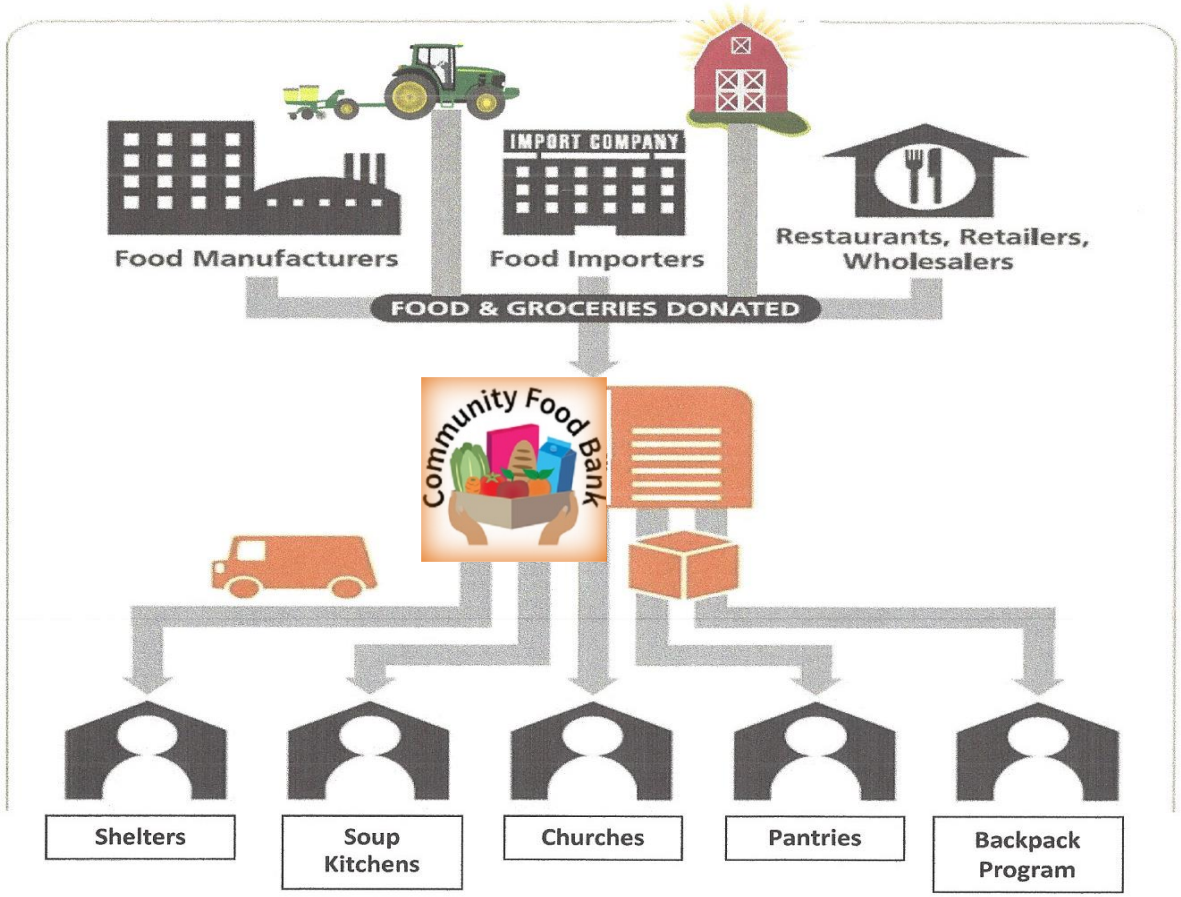
Our Agencies

- *Annie W. Johnson Family & Sr. Service Center*
- *Another Chance Deliverance*
- *Calvary Chapel of Inverness*
- *Calvary Christian Center*
- *Celebrate Recovery (CR)*
- *Church of God Citrus Springs*
- *Citrus Abuse Shelter Association (CASA)*
- *Citrus County Children's Advocacy Center (Jessie's Place)*
- *Citrus County Family Resource Center*
- *Citrus County Harvest / Blessings*
- *Citrus County Veterans Coalition*
- *Citrus United Basket (CUB)*
- *Covenant Children's Home*
- *Crystal River Church of God*
- *Crystal River United Methodist Church*
- *Dawn Center*
- *Daystar Life Center*
- *First Baptist Church of Beverly Hills*
- *First Baptist Church of Crystal River*
- *First Baptist Church of Floral City*
- *First Lutheran Church of Inverness*
- *First Baptist Church of Istachatta*
- *First United Methodist Church of Homosassa*
- *Homosassa Church of God*
- *Hernando Church of the Nazarene*
- *Inverness Church of God*
- *Joy and Praise Fellowship*
- *Jericho Road Ministries*
- *Key Training Center*
- *Life Tree Presbyterian Church*
- *Living Waters Ministries*
- *Northcliffe Baptist Church*
- *North Oak Baptist Church Citrus Springs*
- *Nuevo Comienzo Resource Center*
- *Path of Citrus County*
- *Pregnancy and Family Life Center*
- *People Helping People*
- *River Life Church*
- *Sanctuary Mission*
- *Seventh Day Adventist Church of Hernando*
- *Seventh Day Adventist Church of Homosassa*
- *Shepherd of the Hills "SOS" Ministries*
- *St. Anne's Episcopal Church Crystal River*
- *St. Elizabeth Ann Seton Catholic Church*
- *St. Margaret's Episcopal Church*
- *Suncoast Baptist Church*
- *The Salvation Army of Citrus County*
- *The Salvation Army of Hernando County*
- *The Spot Family Center*
- *St. Vincent DePaul*
- *New Church Without Walls Mass Distribution Partner*

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

Community Food Bank Food Flow Chart

ENDING HUNGER



NOURISHING HOPE

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

We pick up donated food from 26 different grocery stores





Walmart

Winn-Dixie

Save a Lot

Publix

Sam's CLUB

RUTABAGAS etc.
NATURAL FOOD MARKET

THE FRESH MARKET

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

What do we distribute?

- Meat
- Fresh Produce
- Dairy
- Bread & Bakery
- Frozen Food
- Canned Goods
- Non-perishables
- Personal Care Items – masks!



Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

What do we supply?

- **Purchase Product, which allows our agencies to order in bulk and save 20%+ off of retail prices and have consistent products.**



Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

How much do we acquire?

21 million pounds = 21 million meals!

In 2020 we provided every person in need in Citrus County at least 3 meals per week.







Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,



Community Food Bank Video

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

How the public supports us.

- ✓ Donated Food or Food Drives through schools, churches, clubs, or organizations





- ✓ Make monetary donations



- ✓ Volunteer



Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

We need YOU!

Hunger is the symptom of a much larger social issue. Unless it is broken, the cycle of hunger will burden people for a lifetime and pass to the next generation.



Action and compassion can break this cycle and change lives forever.

The challenge: Embrace, educate and combine forces to create an environment and opportunity for self-sufficiency.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

feedcitrus.org
#feedcitrus



Thank you for being our partner in the fight against hunger!

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County,

Ending Hunger and Nourishing Hope
5259 W Cardinal Street Building B Homosassa, FL 34446
Phone: (352) 628-FOOD (3663) FAX: (352) 503-2003

Mission Statement: Our mission is to acquire and distribute nutritious, high-quality food to pantries, soup kitchens, and shelters within Citrus County. Together with volunteers and donors, we promote public awareness, inspire community involvement, and strive to end hunger and nourish hope for those in need.

Feb. 10, 2021

Citrus County Board of County Commissioners

Continuation of current Citrus County COVID-19 Food Relief/Recovery Program
Applicant: Community Food Bank of Citrus County, Inc.
EIN: 80-0459100

Citrus County COVID-19 Food Relief/Recovery Program
Grant Request of $100,000.00

Dear Commissioners,
The Community Food Bank of Citrus County (CFB) waged a war on hunger when it opened its doors in 2013. Since that time, we have distributed over 21 million pounds of food (4.1 million in 2020) and gained the partnership of 45 Citrus County pantries, shelters and soup kitchens to fulfill our mission to acquire and distribute nutritious, high-quality food and promote public awareness, inspire community involvement, and strive to end hunger and nourish hope for those in need.

No one hungry! It has been our goal and driving force. The 2020-21 pandemic to cause the highest rate of hunger on record. **1 in 3 food insecure families have never even needed food aid before.**

For 26,000 residents regularly and over 60,000 during this pandemic, Citrus County food relief pantries are critical. Their stomach rumbles, anxiety and depression set in, obesity and diabetes are triggered by poor diets and poor health plagues them. Unless this cycle of hunger is broken, it will burden them for a lifetime and pass on to the next generation.

We don't believe that food insecurity is an option and hope that you will continue to be our partners in the fight against hunger!

The Community Food Bank of Citrus County faced a roller coaster of a year in 2020 with COVID-19 coming down on our nation. The epic spikes in need of food support in 2021 continue to be staggering.

Through action and compassion, our partners, like you, have allowed us to push **4.1 million pounds** of food into the community and avoid hunger during this crisis. Our trucks stay on the road daily to acquire and distribute food and our staff and facility have continued to operate at maximum capacity.

Our 2021 Food Budget reflects both an increased distribution to cover the need of residents for Food Relief, as well as the anticipated support of USDA and FEMA subsides which we facilitate as the emergency hub for Citrus County and provide as free supplies to pantries.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Ending Hunger and Nourishing Hope
5259 W Cardinal Street Building B Homosassa, FL 34446
Phone: (352) 628-FOOD (3663) FAX: (352) 503-2003

Expense			
0701 · Food Purchases			
	0701-01 · Purchase Program		$430,600
Total 0701 · Food Purchases			$430,600
0702 · Shipping/Transportation Costs			
	0702-01 · Purchase Program		$7,650
	0702-03 · Transportation costs - Gas/Toll		$24,000
Total 0702 · Shipping/Transportation Costs			$31,650
		Total	$462,250

Hunger is solvable in our lifetime and it's your commitment to our movement that will make it possible.

Your assistance in helping us to maintain the increase in food distributions and avoid hunger hitting our community is critical. Your CARES contribution of $50,000 is providing for 500,000 meals to neighbors in need. We have met the milestone of providing at least 3 meals a week to every person in need in our area. However, our residents are still furloughed, have shortened hours or face continued unemployment. Distance learning has decreased accessibility to school age programs for food and substantially impacted many families.

By supporting our mass food relief efforts, you support all 45 of our Citrus County partner agencies. Their distributions consist of 50-100% of CFB supplies. The agencies have proudly remained open, ramped up their efforts and maintained safe measures to ensure the consistent availability of food. All of our agencies are vetted, monitored and mentored for optimal service to those in need. CFB strategically locates agencies to food deserts, impoverished areas of the county, or collaboratively to join forces for greater impact. As we continue through the recovery phase, we expect the heightened need to dwindle back to normal levels, the gaps to be filled and our community to rise again.

COVID-19 has severely escalated and prolonged the need for food support and we intend to meet it, now and for as long as we fight the battle on hunger. With full bellies our residents can stay healthy, return to work, volunteer, travel and continue to make Citrus County shine!

With many thanks,

Barbara Sprague

Barbara Sprague
Executive Director

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Ending Hunger and Nourishing Hope
5259 W Cardinal Street Building B Homosassa, FL 34446
Phone: (352) 628-FOOD (3663) FAX: (352) 503-2003

Community Food Bank of Citrus County, Inc.
5259 W. Cardinal St. Bldg. B
Homosassa, FL 34446
Phone: 352-628-3663
Email: executivedirector@cfbocc.org

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

0000292 09/17/19

FLORIDA

Consumer's Certificate of Exemption

DR-14
R. 01/1

Issued Pursuant to Chapter 212, Florida Statutes

85-8015236384C-3	11/30/2019	11/30/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

COMMUNITY FOOD BANK
OF CITRUS COUNTY INC
5259 W CARDINAL ST BLDG B
HOMOSASSA FL 34446-3218

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

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 about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

EXTENDED TO NOVEMBER 15, 2018

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5259 W CARDINAL ST, BUILDING B

City or town, state or province, country, and ZIP or foreign postal code
HOMOSASSA, FL 34446

F Name and address of principal officer: MIKE ORLITO
504 NE HIGHWAY 19, CRYSTAL RIVER, FL 34429

D Employer identification number
80-0459100

E Telephone number
352-628-3663

G Gross receipts $ 943,817.

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: ▶ COMMUNITYFOODBANKOFCITRUSCOUNTY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2009 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOOD BANK OF CITRUS COUNTY MISSION'S IS TO ACQUIRE AND DISTRIBUTE NUTRITIOUS,

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	333,784.	416,359.
9	Program service revenue (Part VIII, line 2g)	465,055.	525,082.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-27,029.	271.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,594.	-11,079.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	761,216.	930,633.

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)	230,547.	223,451.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,600.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	512,693.	612,270.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	743,240.	835,721.
19	Revenue less expenses. Subtract line 18 from line 12	17,976.	94,912.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	684,848.	756,046.
21	Total liabilities (Part X, line 26)	72,419.	48,705.
22	Net assets or fund balances. Subtract line 21 from line 20	612,429.	707,341.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer Date

▶ MIKE ORLITO, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JONATHAN PAUL CASH		10/30/18	☐	P00038765

Firm's name ▶ WARDLOW & CASH, P.A. Firm's EIN ▶ 59-1638720

Firm's address ▶ POST OFFICE BOX 426
CRYSTAL RIVER, FL 34423 Phone no. (352)795-3212

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 THE COMMUNITY FOOD BANK OF CITRUS COUNTY IS TO ACQUIRE AND DISTRIBUTE NUTRITOUS QUALITY FOOD TO PANTRIES, SOUP KITCHENS, AND SHELTERS WITHIN CITRUS COUNTY, FLORIDA AND SURROUNDING AREAS. TOGETHER WITH OUR VOLUNTEERS AND DONORS WE WILL PROMOTE PUBLIC

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 $ 744,569. including grants of $ _____) (Revenue $ 525,082.)
DISTRIBUTED 3,000,000 POUNDS OF FOOD IN 2017 TO 53 FOOD PANTRIES, SOUP KITCHENS AND SHELTERS IN CITRUS AND HERNANDO COUNTIES . IN JUST 6 YEARS OF EXISTENCE, THE ORGANIZATION HAS DISTRIBUTED MORE THAN 13 MILLION POUNDS OF FOOD, THE EQUIVALENT OF 10 MILLION MEALS TO INDIVIDUALS, CHILDREN, FAMILIES, SENIORS, VETERANS, WORKING POOR AND THE HOMELESS WHO ARE LIVING AT OR BELOW THE POVERTY LEVEL AND SUFFERING FROM FOOD INSECURITY. THE FOOD DISTRIBUTED IS RESCUED FROM BOTH PRIVATE AND PUBLIC DONATIONS AND SOMETIMES PURCHASED FROM WHOLESALE WAREHOUSES TO OFFSET ANY SHORTAGES IN FOOD DONATIONS. AS PART OF THE FOOD RESCUE MISSION, THE ORGANIZATION PICKS UP DONATIONS FROM OVER 19 SUPERMARKETS AND GROCERY STORES IN THE COMMUNITIES WE SERVE. TYPES OF PRODUCT RESCUED FROM THE STORES INCLUDE BAKERY AND PASTRIES, DAIRY,

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 744,569.

Form 990 (2017)

SEE SCHEDULE O FOR CONTINUATION(S)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

JONATHAN P CASH - 352-795-3212

154 7TH AVENUE, CRYSTAL RIVER, FL 34429

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEWEL LAMB DIRECTOR	0.50	X						0.	0.	0.
(2) MIKE ORLITO DIRECTOR	0.50	X						0.	0.	0.
(3) BEV GOETHE DIRECTOR	0.50	X						0.	0.	0.
(4) BART BENNETT DIRECTOR	0.50	X						0.	0.	0.
(5) TOM COOPER DIRECTOR	0.50	X						0.	0.	0.
(6) JJ KENNEY DIRECTOR	0.50	X						0.	0.	0.
(7) SEAN BARNES DIRECTOR	0.50	X						0.	0.	0.
(8) STEVEN HILSDON DIRECTOR	5.00	X						0.	0.	0.
(9) JOHNY CASH DIRECTOR	0.50	X						0.	0.	0.
(10) DUANE DUEKER PRESIDENT	30.00			X				0.	0.	0.
(11) JOE CAPPUCCILLI TREASURER	5.00			X				0.	0.	0.
(12) ED GRUBER DIRECTOR	5.00			X				0.	0.	0.
(13) STEVE PONTICOS VICE PRESIDENT	5.00			X				0.	0.	0.
(14) ROGER ROSS EXECUTIVE DIRECTOR	40.00			X				32,214.	0.	818.

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								32,214.	0.	818.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								32,214.	0.	818.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	184,785.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	231,574.				
	g Noncash contributions included in lines 1a-1f: $ 3,411.						
	h **Total.** Add lines 1a-1f			416,359.			
Program Service Revenue		**Business Code**					
	2a SHARED MAINTENANCE FEE	624200		525,082.	525,082.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			525,082.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			271.			271.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 184,785. of contributions reported on line 1c). See Part IV, line 18	a	2,105.				
	b Less: direct expenses	b	13,184.				
	c Net income or (loss) from fundraising events			-11,079.			-11,079.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions.			930,633.	525,082.	0.	-10,808.

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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 ☐

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	30,482.	6,401.	16,156.	7,925.
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	177,078.	150,315.	26,763.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,891.	11,587.	3,637.	667.
11 Fees for services (non-employees):				
a Management	2,549.		2,549.	
b Legal				
c Accounting	16,200.		16,200.	
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.)	6,276.	2,931.	803.	2,542.
12 Advertising and promotion	3,986.	3,986.		
13 Office expenses	3,216.		3,216.	
14 Information technology				
15 Royalties				
16 Occupancy	24,031.	23,289.	627.	115.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	386.	386.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,619.	31,370.	249.	
23 Insurance	21,937.	21,193.	744.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PURCHASES	415,206.	415,206.		
b TRANSPORTATION COSTS	40,763.	40,763.		
c VEHICLE MAINTENANCE	9,926.	9,926.		
d SPECIAL PROGRAMS	9,384.	9,384.		
e All other expenses	26,791.	17,832.	5,608.	3,351.
25 **Total functional expenses.** Add lines 1 through 24e	835,721.	744,569.	76,552.	14,600.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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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
Assets	1	Cash - non-interest-bearing	60,215.	1	54,990.
	2	Savings and temporary cash investments	232,192.	2	331,214.
	3	Pledges and grants receivable, net	25,270.	3	2,775.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	20,638.	8	24,716.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 435,064.			
	b	Less: accumulated depreciation — 10b: 102,562.	336,684.	10c	332,502.
	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	9,849.	15	9,849.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	684,848.	16	756,046.
Liabilities	17	Accounts payable and accrued expenses	35,259.	17	37,198.
	18	Grants payable		18	
	19	Deferred revenue	12,160.	19	11,507.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	25,000.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	72,419.	26	48,705.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	587,429.	27	707,341.
	28	Temporarily restricted net assets	25,000.	28	0.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	612,429.	33	707,341.
	34	Total liabilities and net assets/fund balances	684,848.	34	756,046.

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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	930,633.
2	Total expenses (must equal Part IX, column (A), line 25)	2	835,721.
3	Revenue less expenses. Subtract line 2 from line 1	3	94,912.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	612,429.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	707,341.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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 ▶ ☐

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	225,600.	354,377.	342,377.	333,784.	416,359.	1672497.
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	150,346.	345,625.	401,386.	465,055.	525,082.	1887494.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,615.	5,294.	433.			11,342.
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	381,561.	705,296.	744,196.	798,839.	941,441.	3571333.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						3571333.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	381,561.	705,296.	744,196.	798,839.	941,441.	3571333.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	381,561.	705,296.	744,196.	798,839.	941,441.	3571333.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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.)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

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 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).

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number: 80-0459100

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	BLACK DIAMOND FOUNDATION INC 3125 W BLACK DIAMOND CIRCLE LECANTO, FL 34461	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	DUANE AND BARBARA DUEKER 76 WOODFIELD CIRCLE HOMOSASSA, FL 34446	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	HELEN W BELL FOUNDATION 5913 N ROSEWOOD DRIVE BEVERLY HILLS, FL 34465	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CRYSTAL MOTOR CAR COMPANY PO BOX 487 CRYSTAL RIVER, FL 34423	$ 35,478.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	UNITED WAY OF CITRUS COUNTY INC 1582 N MEADOWCREST BLVD CRYSTAL RIVER, FL 34429	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	ACCESSIBILITY SERVICES INC 6241 S TEX POINT HOMOSASSA, FL 34448	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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

2017

Open to Public Inspection

Name of the organization
COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number
80-0459100

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 (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,703.	2,283.	2,420.
d Equipment		430,361.	100,279.	330,082.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				332,502.

Schedule D (Form 990) 2017

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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	943,817.
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	0.
3	Subtract line **2e** from line **1**			3	943,817.
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	-13,184.		
c	Add lines **4a** and **4b**			4c	-13,184.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	930,633.

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	848,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	848,905.
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	-13,184.		
c	Add lines **4a** and **4b**			4c	-13,184.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	835,721.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT -13,184.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT -13,184.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* **for the latest instructions.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 ANNUAL FUNDRAISING (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	184,785.			184,785.
	2 Less: Contributions	184,785.			184,785.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,864.			5,864.
	8 Entertainment	2,400.			2,400.
	9 Other direct expenses	4,186.			4,186.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12,450.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-12,450.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part IV **Supplemental Information** *(continued)*

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 for the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization
COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number
80-0459100

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY FOOD TO PANTRIES, SOUP KITCHENS AND SHELTERS WITHIN CITRUS COUNTY, FLORIDA VIA THE OPERATION OF A CENTRALIZED FOOD BANK AND TOGETHER WITH OUR VOLUNTEERS AND DONORS WE WILL PROMOTE PUBLIC AWARENESS, INSPIRE COMMUNITY INVOLVEMENT AND STRIVE TO END HUNGER AND NOURISH HOPE FOR THOSE IN NEED OF OUR SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AWARENESS, INSPIRE COMMUNITY INVOLVEMENT, AND STRIVE TO END HUNGER AND NOURISH HOPE FOR THOSE IN NEED OF OUR SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSORTED GROCERIES, MEATS AND PRODUCE. THE ORGANIZATION EXPANDED INTO HERNANDO COUNTY IN 2015, ASSUMING RESPONSIBILITY TO SERVICE MORE STORES AND MORE AGENCIES/CLIENTS. BY THE END OF 2016, STORE DONATIONS IN HERNANDO COUNTY HAD GROWN 113% FROM THE PREVIOUS YEAR AND DISTRIBUTIONS TO AGENCIES/CLIENTS HAD GROWN 230%. IN JUST 2 1/2 YEARS, CITRUS COUNTY BLESSINGS, WITH THE HELP OF OUR ORGANIZATION, HAS EXPANDED THEIR SCHOOL BACK PACK PROGRAM FROM 9 ELEMENTARY SCHOOLS IN CITRUS COUNTY TO INCLUDE ALL PUBLIC MIDDLE SCHOOLS, HIGH SCHOOLS, CHARTER SCHOOLS AND 3 PRIVATE SCHOOLS. PARTNERING WITH OUR DONORS, VOLUNTEERS AND OUR OVER 50 AGENCIES, THE ORGANIZATION HAS SIGNIFCANTLY INCREASED PUBLIC AWARENESS AND INSPIRED COMMUNITY INVOLVEMENT AND PARTICIPATION AT ALL LEVELS TO COLLECTIVELY ADDRESS THE CHALLENGES OF FOOD INSECURITY FACING THE MOST VULNERABLE PEOPLE IN OUR COMMUNITY.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of the organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number: 80-0459100

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION ENGAGES AN OUTSIDE FIRM (PARADIGM INTERNATIONAL INC) TO PROVIDE REQUISITE ASSISTANCE IN THE AREA OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE ORGANIZATION'S FORM 990 IS DISTRIBUTED TO THE BOARD DURING A REGULARLY SCHEDULED MEETING FOR THEIR REVIEW. BOARD MEMBERS ARE ENCOURAGED TO ASK QUESTIONS OF THE TREASURER PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH IT ANNUAL REGISTRATION WITH THE STATE OF FLORIDA, THE BOARD IS PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY, REQUESTED TO DISCLOSE ANY CONFLICTS OF INTEREST AND SIGN AN AFFIDAVIT THAT THEY HAVE READ AND UNDERSTAND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15B:

THE EXECUTIVE COMMITTEE CONFERS WITH FEEDING AMERICA TAMPA BAY TO DETERMINE REASONABLE SALARIES FOR ITS EMPLOYEES AND COORDINATES THIS INFORMATION WITH ANTICIPATED BUDGETED REVENUES AND OTHER OPERATIONAL EXPENSES TO DETERMINE THE AMOUNT OF COMPENSATION TO BE PAID.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 1023 AND FORM 990 IS MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE EXECUTIVE COMMITTEE IS CHARGED WITH OVERSEEING THE AUDIT FUNCTIONS, INCLUDING EVALUATING THE RESULTS OF THE AUDIT AND ANY COMMUNICATIONS MADE BY THE AUDITOR TO THE EXECUTIVE COMMITTEE, TO INCLUDE ANY

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of the organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number: 80-0459100

RECOMMENDED CORRECTIVE ACTIONS.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	MACHINERY & EQUIPMENT														
2	ALARM SYSTEM	11/27/12	SL	10.00		16	518.				518.	212.		52.	264.
3	330 LB SCALE	11/28/12	SL	10.00		16	529.				529.	216.		53.	269.
4	POWER JACK	11/28/12	SL	10.00		16	2,900.				2,900.	1,184.		290.	1,474.
6	SCALE	12/12/12	SL	10.00		16	1,495.				1,495.	612.		150.	762.
7	2 MEDIUM TEMP STRIP CURTAINS	12/12/12	SL	10.00		16	1,728.				1,728.	706.		173.	879.
8	CAMERA SYSTEM	12/28/12	SL	10.00		16	688.				688.	276.		69.	345.
9	VINYL FLOORING	12/26/12	SL	10.00		16	1,836.				1,836.	736.		184.	920.
10	SIGNS	12/05/12	SL	10.00		16	642.				642.	261.		64.	325.
11	STAINLESS STEEL SINK/TABLES/ETC	10/19/12	SL	10.00		16	2,050.				2,050.	854.		205.	1,059.
12	BUG SCREEN	03/20/13	SL	10.00		16	2,867.				2,867.	1,076.		287.	1,363.
13	BUILDING SIGN	01/14/13	SL	5.00		16	468.				468.	376.		92.	468.
14	ROAD SIGN	02/06/13	SL	5.00		16	564.				564.	442.		113.	555.
15	TRUCK SIGN	03/13/13	SL	5.00		16	482.				482.	368.		96.	464.
16	FORKLIFT	05/03/13	SL	10.00		16	28,760.				28,760.	10,545.		2,876.	13,421.
17	WALK-IN FREEZER	11/04/13	SL	10.00		16	15,276.				15,276.	4,839.		1,528.	6,367.
21	GENERATOR	07/31/14	SL	15.00		16	15,026.				15,026.	2,421.		1,002.	3,423.
22	WALK-IN FREEZER	05/12/14	SL	15.00		16	96,187.				96,187.	17,099.		6,412.	23,511.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
23	(2) DELL OPTIPLEX COMPUTERS	04/30/14	SL	5.00		16	700.				700.	373.		140.	513.
24	(2) 20" DELL MONITORS	04/30/14	SL	5.00		16	120.				120.	64.		24.	88.
25	(1) OPTIPLEX COMPUTER	05/05/14	SL	5.00		16	350.				350.	187.		70.	257.
26	(1) PLANAR MONITOR	05/05/14	SL	5.00		16	75.				75.	40.		15.	55.
32	PALLET JACK	09/23/16	SL	10.00		16	3,194.				3,194.	80.		319.	399.
35	CLARK FORKLIFT #TMX17	11/07/17	SL	10.00		16	27,437.				27,437.			457.	457.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						203,892.				203,892.	42,967.		14,671.	57,638.
	TRANSPORTATION EQUIPMENT														
18	SIGN/LOGO INTERNATIONAL TRUCK	11/12/13	SL	5.00		16	630.				630.	399.		126.	525.
19	INTERNATIONAL TRUCK	03/22/13	SL	15.00		16	83,069.				83,069.	20,767.		5,538.	26,305.
31	2004 FORD F450 REFRIGERATED TRUCK	10/09/14	SL	15.00		16	12,500.				12,500.	1,874.		833.	2,707.
33	2010 CHEVY SILVERADO 1500	01/06/16	SL	5.00		16	10,893.				10,893.	2,179.		2,179.	4,358.
34	2016 INTERNATIONAL 4300 TRUCK	08/22/16	SL	15.00		16	124,080.				124,080.	2,757.		8,272.	11,029.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						231,172.				231,172.	27,976.		16,948.	44,924.
	* GRAND TOTAL 990 PAGE 10 DEPR						435,064.				435,064.	70,943.		31,619.	102,562.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						407,627.			0.	407,627.	70,943.			102,105.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	ACQUISITIONS						27,437.			0.	27,437.	0.			457.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						435,064.			0.	435,064.	70,943.			102,562.
	ENDING ACCUM DEPR											102,562.			
	ENDING BOOK VALUE											332,502.			

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN
5259 W CARDINAL ST, BUILDING B
HOMOSASSA, FL 34446

PREPARED BY:

WARDLOW & CASH, P.A.
POST OFFICE BOX 426
CRYSTAL RIVER, FL 34423

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2018

Name of exempt organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

Name and title of officer

J PAUL CASH
PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	958,333.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WARDLOW & CASH, P.A. to enter my PIN 59100

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59938918765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/04/19

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

EXTENDED TO NOVEMBER 15, 2019

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
5259 W CARDINAL ST, BUILDING B

City or town, state or province, country, and ZIP or foreign postal code
HOMOSASSA, FL 34446

F Name and address of principal officer: MIKE ORLITO
504 NE HIGHWAY 19, CRYSTAL RIVER, FL 34429

D Employer identification number
80-0459100

E Telephone number
352-628-3663

G Gross receipts $ 986,971.

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: ▶ COMMUNITYFOODBANKOFCITRUSCOUNTY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2009 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOOD BANK OF CITRUS COUNTY MISSION'S IS TO ACQUIRE AND DISTRIBUTE NUTRITIOUS,

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	416,359.	416,580.
9	Program service revenue (Part VIII, line 2g)	525,082.	560,749.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	271.	-2,417.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-11,079.	-16,579.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	930,633.	958,333.

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)	223,451.	245,547.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,840.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	612,270.	625,973.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	835,721.	871,520.
19	Revenue less expenses. Subtract line 18 from line 12	94,912.	86,813.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	756,046.	861,133.
21	Total liabilities (Part X, line 26)	48,705.	66,979.
22	Net assets or fund balances. Subtract line 21 from line 20	707,341.	794,154.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ MIKE ORLITO, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JONATHAN PAUL CASH		11/04/19	☐	P00038765

Firm's name ▶ WARDLOW & CASH, P.A. — Firm's EIN ▶ 59-1638720

Firm's address ▶ POST OFFICE BOX 426
CRYSTAL RIVER, FL 34423 — Phone no. (352)795-3212

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 THE COMMUNITY FOOD BANK OF CITRUS COUNTY IS TO ACQUIRE AND DISTRIBUTE NUTRITOUS QUALITY FOOD TO PANTRIES, SOUP KITCHENS, AND SHELTERS WITHIN CITRUS COUNTY, FLORIDA AND SURROUNDING AREAS. TOGETHER WITH OUR VOLUNTEERS AND DONORS WE WILL PROMOTE PUBLIC

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 $ 755,022. including grants of $) (Revenue $ 560,749.)
DISTRIBUTED 3,419,595 POUNDS OF FOOD IN 2018 TO 54 FOOD PANTRIES, SOUP KITCHENS AND SHELTERS IN CITRUS AND HERNANDO COUNTIES. IN JUST 7 YEARS OF EXISTENCE, THE ORGANIZATION HAS DISTRIBUTED MORE THAN 14 MILLION POUNDS OF FOOD, THE EQUIVALENT OF 10 MILLION MEALS TO INDIVIDUALS, CHILDREN, FAMILIES, SENIORS, VETERANS, WORKING POOR AND THE HOMELESS WHO ARE LIVING AT OR BELOW THE POVERTY LEVEL AND SUFFERING FROM FOOD INSECURITY. THE FOOD DISTRIBUTED IS RESCUED FROM BOTH PRIVATE AND PUBLIC DONATIONS AND PURCHASED FROM WHOLESALE WAREHOUSES TO OFFSET ANY SHORTAGES IN FOOD DONATIONS OR LEVELS OF NUTRITION. AS PART OF THE FOOD RESCUE MISSION, THE ORGANIZATION PICKS UP DONATIONS FROM OVER 20 GROCERY STORES AND 5 INSTITUTIONS IN THE COMMUNITIES WE SERVE. TYPES OF PRODUCT RESCUED FROM THE STORES INCLUDE MEATS AND PRODUCE, DAIRY,

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 755,022.

Form 990 (2018)

SEE SCHEDULE O FOR CONTINUATION(S)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

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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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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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	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			
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

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶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 [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

JONATHAN P CASH - 352-795-3212

154 7TH AVENUE, CRYSTAL RIVER, FL 34429

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DUANE DUEKER DIRECTOR	30.00	X						0.	0.	0.
(2) JOE CAPPUCCILLI TREASURER	0.50	X						0.	0.	0.
(3) JEWEL LAMB DIRECTOR	0.50	X						0.	0.	0.
(4) BEV GOETHE DIRECTOR	0.50	X						0.	0.	0.
(5) BART BENNETT DIRECTOR	0.50	X						0.	0.	0.
(6) NAOMI PRENDERGAST DIRECTOR	0.50	X						0.	0.	0.
(7) JJ KENNEY DIRECTOR	0.50	X						0.	0.	0.
(8) SEAN BARNES DIRECTOR	0.50	X						0.	0.	0.
(9) MIKE ORLITO PRESIDENT	0.50			X				0.	0.	0.
(10) ED GRUBER TREASURER	5.00			X				0.	0.	0.
(11) STEVEN HILSDON SECRETARY	5.00			X				0.	0.	0.
(12) STEVE PONTICOS VICE-PRESIDENT	0.50			X				0.	0.	0.
(13) JOHN AUTRY EXECUTIVE DIRECTOR	40.00			X				45,808.	0.	892.

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								45,808.	0.	892.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								45,808.	0.	892.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	203,504.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	213,076.				
	g Noncash contributions included in lines 1a-1f: $ 997.						
	h **Total.** Add lines 1a-1f			416,580.			
Program Service Revenue		**Business Code**					
	2a SHARED MAINTENANCE FEE	624200		560,749.	560,749.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			560,749.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,633.			1,633.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		4,979.				
	b Less: cost or other basis and sales expenses		9,029.				
	c Gain or (loss)		-4,050.				
	d Net gain or (loss)			-4,050.	-4,050.		
	8a Gross income from fundraising events (not including $ 203,504. of contributions reported on line 1c). See Part IV, line 18	a	3,030.				
	b Less: direct expenses	b	19,609.				
	c Net income or (loss) from fundraising events			-16,579.			-16,579.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			958,333.	556,699.	0.	-14,946.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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	48,514.	11,452.	13,254.	23,808.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	178,469.	150,537.	27,932.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18,564.	13,010.	3,625.	1,929.
11 Fees for services (non-employees):				
a Management	2,684.		2,684.	
b Legal				
c Accounting	16,204.		16,204.	
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.)	7,041.	3,861.	832.	2,348.
12 Advertising and promotion	1,500.	1,500.		
13 Office expenses	4,696.		4,696.	
14 Information technology				
15 Royalties				
16 Occupancy	25,495.	21,886.	3,401.	208.
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	33,542.	33,293.	249.	
23 Insurance	17,432.	13,744.	2,563.	1,125.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PURCHASES	421,736.	421,736.		
b TRANSPORTATION COSTS	32,978.	32,978.		
c WAREHOUSE SUPPLIES	22,751.	22,751.		
d VEHICLE MAINTENANCE	15,713.	15,713.		
e All other expenses	24,201.	12,561.	4,218.	7,422.
25 **Total functional expenses.** Add lines 1 through 24e	871,520.	755,022.	79,658.	36,840.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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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
Assets	1	Cash - non-interest-bearing	54,990.	1	86,040.
	2	Savings and temporary cash investments	331,214.	2	434,053.
	3	Pledges and grants receivable, net	2,775.	3	2,339.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	24,716.	8	17,366.
	9	Prepaid expenses and deferred charges		9	21,555.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 422,564.			
	b	Less: accumulated depreciation — 10b: 132,633.	332,502.	10c	289,931.
	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	9,849.	15	9,849.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	756,046.	16	861,133.
Liabilities	17	Accounts payable and accrued expenses	37,198.	17	54,412.
	18	Grants payable		18	
	19	Deferred revenue	11,507.	19	12,567.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	48,705.	26	66,979.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	707,341.	27	794,154.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	707,341.	33	794,154.
	34	Total liabilities and net assets/fund balances	756,046.	34	861,133.

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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	958,333.
2	Total expenses (must equal Part IX, column (A), line 25)	2	871,520.
3	Revenue less expenses. Subtract line 2 from line 1	3	86,813.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	707,341.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	794,154.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2018.** 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 - 2017.** 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 - 2018.** 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 - 2017.** 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 ..... ▶ ☐

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	354,377.	342,377.	333,784.	416,359.	458,446.	1905343.
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	345,625.	401,386.	465,055.	525,082.	560,749.	2297897.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,294.	433.				5,727.
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	705,296.	744,196.	798,839.	941,441.	1019195.	4208967.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						4208967.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	705,296.	744,196.	798,839.	941,441.	1019195.	4208967.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.	61.	101.	271.	1,633.	2,070.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4.	61.	101.	271.	1,633.	2,070.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	705,300.	744,257.	798,940.	941,712.	1020828.	4211037.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.95 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	.05 %
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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.)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

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 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).

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number: 80-0459100

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	BLACK DIAMOND FOUNDATION INC 3125 W BLACK DIAMOND CIRCLE LECANTO, FL 34461	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	DUANE AND BARBARA DUEKER 76 WOODFIELD CIRCLE HOMOSASSA, FL 34446	$ 21,861.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	CRYSTAL MOTOR CAR COMPANY PO BOX 487 CRYSTAL RIVER, FL 34423	$ 31,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	UNITED WAY OF CITRUS COUNTY INC 1582 N MEADOWCREST BLVD CRYSTAL RIVER, FL 34429	$ 20,290.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	ACCESSIBILITY SERVICES INC 6241 S TEX POINT HOMOSASSA, FL 34448	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	EDWIN AND DEBBIE LATTIN 2575 ZELLNER DRIVE INVERNESS, FL 34450	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number: 80-0459100

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	STEVE AND JEWEL LAMB PO BOX 487 CRYSTAL RIVER, FL 34423	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	DENNIS AND CHRISTEL RYAN 834 SW KINGS BAY DRIVE CRYSTAL RIVER, FL 34429	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	MICHAEL DESAUTEL 609 W HIGHLAND BLVD INVERNESS, FL 34452	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	ROTARY FOUNDATION OF CRYSTAL RIVER INC P.O. BOX 1207 CRYSTAL RIVER, FL 34423	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	MARK AND DREAMA WALDROP 10070 W HALLS RIVER ROAD HOMOSASSA, FL 34446	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	CENTURY LINK CLARK M WILLIAMS FOUNDATION 501 SIVERSIDE RD SUITE 123 WILLMINGTON, DE 19809	$ 58,525.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number: 80-0459100

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	US FAMILY FOUNDATION 450 S PLEASANT GROVE RD INVERNESS, FL 34452	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	CHAD DAMRON 3195 W PEBBE BEACH CT LECANTO, FL 34461	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	RALPH AND PATTY MASSULLO 3244 CASTLE PINE LOOP LECANTO, FL 34461	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	ELIZABETH OLSEN PO BOX 2050 LECANTO, FL 34460	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	PUBLIX SUPER MARKET CHARITIES INC 6001 N NEBRASKA AVENUE TAMPA, FL 33604	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

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

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number
80-0459100

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 (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,703.	2,754.	1,949.
d Equipment		417,861.	129,879.	287,982.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				289,931.

Schedule D (Form 990) 2018

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,016,778.
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	38,836.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	38,836.
3	Subtract line **2e** from line **1**			3	977,942.
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	-19,609.		
c	Add lines **4a** and **4b**			4c	-19,609.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	958,333.

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	929,965.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	38,836.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	38,836.
3	Subtract line **2e** from line **1**			3	891,129.
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	-19,609.		
c	Add lines **4a** and **4b**			4c	-19,609.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	871,520.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT -19,609.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT -19,609.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 ANNUAL FUNDRAISING (event type)	(b) Event #2 CITRUS COUNTY EMPTY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	193,402.	13,132.		206,534.
	2 Less: Contributions	193,402.	10,102.		203,504.
	3 Gross income (line 1 minus line 2)		3,030.		3,030.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		600.		600.
	7 Food and beverages	10,460.			10,460.
	8 Entertainment	2,500.	300.		2,800.
	9 Other direct expenses	3,694.	2,055.		5,749.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				19,609.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-16,579.

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	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility — 13a %

b An outside facility — 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part IV **Supplemental Information** *(continued)*

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number

80-0459100

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	X	7	997.	COST OF ITEMS PURCHA
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 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? 30a		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number
80-0459100

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY FOOD TO PANTRIES, SOUP KITCHENS AND SHELTERS WITHIN CITRUS COUNTY, FLORIDA VIA THE OPERATION OF A CENTRALIZED FOOD BANK AND TOGETHER WITH OUR VOLUNTEERS AND DONORS WE WILL PROMOTE PUBLIC AWARENESS, INSPIRE COMMUNITY INVOLVEMENT AND STRIVE TO END HUNGER AND NOURISH HOPE FOR THOSE IN NEED OF OUR SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AWARENESS, INSPIRE COMMUNITY INVOLVEMENT, AND STRIVE TO END HUNGER AND NOURISH HOPE FOR THOSE IN NEED OF OUR SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BAKERY AND PASTRIES, AND ASSORTED GROCERIES. THE ORGANIZATION EXPANDED INTO HERNANDO COUNTY IN 2015, ASSUMING RESPONSIBILITY TO SERVICE MORE STORES AND MORE AGENCIES/CLIENTS. THE CITRUS COUNTY SCHOOL BACKPACK PROGRAM HAS EXPANDED FROM 9 ELEMENTARY SCHOOLS TO INCLUDE ALL PUBLIC MIDDLE SCHOOLS, HIGH SCHOOLS, CHARTER SCHOOLS AND 3 PRIVATE SCHOOLS DUE TO OUR COLLABORATION WITH CITRUS COUNTY BLESSINGS. THROUGH NEW SOURCING, BULK PURCHASING AND TARGETED DISTRIBUTION, THE ORGANIZATION SEEKS TO COVER ALL FOOD DESERTS AND SUPPLY NUTRITIOUS FOOD AND SUPPLIES TO THE AREA'S 24,000 POVERTY STRICKEN RESIDENTS. PARTNERING WITH OUR DONORS, VOLUNTEERS AND OUR OVER 50 AGENCIES, THE COMMUNITY FOOD BANK HAS SIGNIFICANTLY INCREASED PUBLIC AWARENESS AND INSPIRED COMMUNITY INVOLVEMENT AT ALL LEVELS TO COLLECTIVELY ADDRESS THE CHALLENGES OF FOOD INSECURITY FACING THE MOST VULNERABLE PEOPLE IN OUR COMMUNITY.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of the organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, IN

Employer identification number: 80-0459100

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION ENGAGES AN OUTSIDE FIRM (PARADIGM INTERNATIONAL INC) TO PROVIDE REQUISITE ASSISTANCE IN THE AREA OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE ORGANIZATION'S FORM 990 IS DISTRIBUTED TO THE BOARD DURING A REGULARLY SCHEDULED MEETING FOR THEIR REVIEW. BOARD MEMBERS ARE ENCOURAGED TO ASK QUESTIONS OF THE TREASURER PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ITS ANNUAL REGISTRATION WITH THE STATE OF FLORIDA, THE BOARD IS PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY, REQUESTED TO DISCLOSE ANY CONFLICTS OF INTEREST AND SIGN AN AFFIDAVIT THAT THEY HAVE READ AND UNDERSTAND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15B:

THE EXECUTIVE COMMITTEE CONFERS WITH FEEDING AMERICA TAMPA BAY TO DETERMINE REASONABLE SALARIES FOR ITS EMPLOYEES AND COORDINATES THIS INFORMATION WITH ANTICIPATED BUDGETED REVENUES AND OTHER OPERATIONAL EXPENSES TO DETERMINE THE AMOUNT OF COMPENSATION TO BE PAID.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 1023 AND FORM 990 IS MADE AVAILABLE UPON REQUEST.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	MACHINERY & EQUIPMENT														
2	ALARM SYSTEM	11/27/12	SL	10.00		16	518.				518.	264.		52.	316.
3	330 LB SCALE	11/28/12	SL	10.00		16	529.				529.	269.		53.	322.
4	POWER JACK	11/28/12	SL	10.00		16	2,900.				2,900.	1,474.		290.	1,764.
6	SCALE	12/12/12	SL	10.00		16	1,495.				1,495.	762.		150.	912.
7	2 MEDIUM TEMP STRIP CURTAINS	12/12/12	SL	10.00		16	1,728.				1,728.	879.		173.	1,052.
8	CAMERA SYSTEM	12/28/12	SL	10.00		16	688.				688.	345.		69.	414.
9	VINYL FLOORING	12/26/12	SL	10.00		16	1,836.				1,836.	920.		184.	1,104.
10	SIGNS	12/05/12	SL	10.00		16	642.				642.	325.		64.	389.
11	STAINLESS STEEL SINK/TABLES/ETC	10/19/12	SL	10.00		16	2,050.				2,050.	1,059.		205.	1,264.
12	BUG SCREEN	03/20/13	SL	10.00		16	2,867.				2,867.	1,363.		287.	1,650.
13	BUILDING SIGN	01/14/13	SL	5.00		16	468.				468.	468.		0.	468.
14	ROAD SIGN	02/06/13	SL	5.00		16	564.				564.	555.		9.	564.
15	TRUCK SIGN	03/13/13	SL	5.00		16	482.				482.	464.		18.	482.
16	FORKLIFT	05/03/13	SL	10.00		16	28,760.				28,760.	13,421.		2,876.	16,297.
17	WALK-IN FREEZER	11/04/13	SL	10.00		16	15,276.				15,276.	6,367.		1,528.	7,895.
21	GENERATOR	07/31/14	SL	15.00		16	15,026.				15,026.	3,423.		1,002.	4,425.
22	WALK-IN FREEZER	05/12/14	SL	15.00		16	96,187.				96,187.	23,511.		6,412.	29,923.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
23	(2) DELL OPTIPLEX COMPUTERS	04/30/14	SL	5.00		16	700.				700.	513.		140.	653.
24	(2) 20" DELL MONITORS	04/30/14	SL	5.00		16	120.				120.	88.		24.	112.
25	(1) OPTIPLEX COMPUTER	05/05/14	SL	5.00		16	350.				350.	257.		70.	327.
26	(1) PLANAR MONITOR	05/05/14	SL	5.00		16	75.				75.	55.		15.	70.
32	PALLET JACK	09/23/16	SL	10.00		16	3,194.				3,194.	399.		319.	718.
35	CLARK FORKLIFT #TMX17	11/07/17	SL	10.00		16	27,437.				27,437.	457.		2,744.	3,201.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						203,892.				203,892.	57,638.		16,684.	74,322.
	TRANSPORTATION EQUIPMENT														
18	SIGN/LOGO INTERNATIONAL TRUCK	11/12/13	SL	5.00		16	630.				630.	525.		105.	630.
19	INTERNATIONAL TRUCK	03/22/13	SL	15.00		16	83,069.				83,069.	26,305.		5,538.	31,843.
31	(D)2004 FORD F450 REFRIGERATED TRUCK	10/09/14	SL	15.00		16	12,500.				12,500.	2,707.		764.	3,471.
33	2010 CHEVY SILVERADO 1500	01/06/16	SL	5.00		16	10,893.				10,893.	4,358.		2,179.	6,537.
34	2016 INTERNATIONAL 4300 TRUCK	08/22/16	SL	15.00		16	124,080.				124,080.	11,029.		8,272.	19,301.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						231,172.				231,172.	44,924.		16,858.	61,782.
	* GRAND TOTAL 990 PAGE 10 DEPR						435,064.				435,064.	102,562.		33,542.	136,104.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						435,064.			0.	435,064.	102,562.			136,104.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS						12,500.			0.	12,500.	2,707.			3,471.
	ENDING BALANCE						422,564.			0.	422,564.	99,855.			132,633.
	ENDING ACCUM DEPR LESS DISPOSITIONS											132,633.			
	ENDING BOOK VALUE											289,931.			

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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 for the latest information.**

OMB No. 1545-1709

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.*

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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number Employer identification number (EIN) or
	COMMUNITY FOOD BANK OF CITRUS COUNTY, IN	80-0459100
	Number, street, and room or suite no. If a P.O. box, see instructions. 5259 W CARDINAL ST, BUILDING B	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOMOSASSA, FL 34446	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JONATHAN P CASH
  154 7TH AVENUE - CRYSTAL RIVER, FL 34429
  Telephone No. ▶ 352-795-3212 Fax No. ▶ 352-795-8977
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2018 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2019)

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Electronic Filing History and Return Results

Taxing Authority FEDERAL Form 990	Prior Export	Current Export
Date	11/13/2020	11/16/2020
Time	14:52:32	12:15:59
Release Number	2019.05000	2019.05000
Taxable Income	805,651.	805,651.
Tax	0.	0.
Refund / Balance Due	0.	0.

Taxing Authority Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

EXTENDED TO NOVEMBER 16, 2020

Form **990** (Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to 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 **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
COMMUNITY FOOD BANK
OF CITRUS COUNTY, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
5259 W CARDINAL ST, BUILDING B

City or town, state or province, country, and ZIP or foreign postal code
HOMOSASSA, FL 34446

F Name and address of principal officer: MIKE ORLITO
504 NE HIGHWAY 19, CRYSTAL RIVER, FL 34429

D Employer identification number
80-0459100

E Telephone number
352-628-3663

G Gross receipts $ 903,071.

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: ▶ COMMUNITYFOODBANKOFCITRUSCOUNTY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2009 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOOD BANK OF CITRUS COUNTY MISSION'S IS TO ACQUIRE AND DISTRIBUTE NUTRITIOUS,

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	416,580.	352,655.
9	Program service revenue (Part VIII, line 2g)	560,749.	531,811.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,417.	4,287.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,579.	-4,003.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	958,333.	884,750.

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)	245,547.	229,938.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,711.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	625,973.	643,315.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	871,520.	873,253.
19	Revenue less expenses. Subtract line 18 from line 12	86,813.	11,497.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	861,133.	846,523.
21	Total liabilities (Part X, line 26)	66,979.	40,872.
22	Net assets or fund balances. Subtract line 21 from line 20	794,154.	805,651.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ MIKE ORLITO, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JONATHAN PAUL CASH		11/16/20	☐	P00038765

Firm's name ▶ WARDLOW & CASH, P.A. — Firm's EIN ▶ 59-1638720

Firm's address ▶ POST OFFICE BOX 426
CRYSTAL RIVER, FL 34423 — Phone no. (352)795-3212

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 THE COMMUNITY FOOD BANK OF CITRUS COUNTY IS TO ACQUIRE AND DISTRIBUTE NUTRITOUS QUALITY FOOD TO PANTRIES, SOUP KITCHENS, AND SHELTERS WITHIN CITRUS COUNTY, FLORIDA AND SURROUNDING AREAS. TOGETHER WITH OUR VOLUNTEERS AND DONORS WE WILL PROMOTE PUBLIC

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 $ 743,815. including grants of $) (Revenue $ 531,811.)
THE COMMUNITY FOOD BANK OF CITRUS COUNTY ACQUIRES AND DISTRIBUTES NUTRITIOUS, QUALITY FOOD TO OVER 50 PANTRIES, SOUP KITCHENS AND SHELTERS IN CITRUS, HERNANDO AND SUMTER COUNTIES, FLORIDA VIA THE OPERATION OF A CENTRALIZED FOOD BANK. WE PROMOTE PUBLIC AWARENESS OF FOOD INSECURITY, INSPIRE COMMUNITY INVOLVEMENT IN SOLUTIONS AND STRIVE TO END HUNGER AND NOURISH HOPE FOR THOSE IN NEED OF OUR SUPPORT.

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 ▶ 743,815.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 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*	26		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*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation 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	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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

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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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 ▶

BARBARA SPRAGUE - 352-628-3663

5259 W CARDINAL ST, BUILDING B, HOMOSASSA, FL 34446

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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) DUANE DUEKER	30.00									
DIRECTOR		X						0.	0.	0.
(2) JOE CAPPUCCILLI	0.50									
TREASURER		X						0.	0.	0.
(3) JEWEL LAMB	0.50									
DIRECTOR		X						0.	0.	0.
(4) BEV GOETHE	0.50									
DIRECTOR		X						0.	0.	0.
(5) BART BENNETT	0.50									
DIRECTOR		X						0.	0.	0.
(6) NAOMI PRENDERGAST	0.50									
DIRECTOR		X						0.	0.	0.
(7) JJ KENNEY	0.50									
DIRECTOR		X						0.	0.	0.
(8) SEAN BARNES	0.50									
DIRECTOR		X						0.	0.	0.
(9) MIKE ORLITO	0.50									
PRESIDENT				X				0.	0.	0.
(10) ED GRUBER	5.00									
TREASURER				X				0.	0.	0.
(11) STEVEN HILSDON	5.00									
SECRETARY				X				0.	0.	0.
(12) STEVE PONTICOS	0.50									
VICE-PRESIDENT				X				0.	0.	0.
(13) BARBARA SPRAUGE	40.00									
EXECUTIVE DIRECTOR				X				16,440.	0.	705.
(14) JOHN AUTRY	40.00									
FORMER EXEC DIR				X				28,926.	0.	1,254.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal ▶								45,366.	0.	1,959.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								45,366.	0.	1,959.

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
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

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 180,086.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 172,569.				
	g Noncash contributions included in lines 1a-1f	1g $ 289.				
	h **Total.** Add lines 1a-1f ▶		352,655.			
Program Service Revenue		Business Code				
	2 a SHARED MAINTENANCE FEE	624200	531,811.	531,811.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		531,811.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,287.			4,287.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6 a Gross rents	6a (i) Real / (ii) Personal				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including $ 180,086. of contributions reported on line 1c). See Part IV, line 18	8a 14,318.				
	b Less: direct expenses	8b 18,321.				
	c Net income or (loss) from fundraising events ▶		-4,003.			-4,003.
	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		Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total revenue.** See instructions ▶		884,750.	531,811.	0.	284.

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Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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	45,366.	13,610.	13,610.	18,146.
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	168,241.	130,778.	37,463.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	200.	200.		
10 Payroll taxes	16,131.	10,454.	4,297.	1,380.
11 Fees for services (nonemployees):				
a Management	9,714.		9,714.	
b Legal				
c Accounting	15,918.		15,918.	
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.)	5,914.	3,091.	994.	1,829.
12 Advertising and promotion	3,042.			3,042.
13 Office expenses	2,263.		2,263.	
14 Information technology				
15 Royalties				
16 Occupancy	51,422.	42,913.	8,404.	105.
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	32,480.	30,220.	1,172.	1,088.
23 Insurance	36,857.	34,105.	2,408.	344.
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 FOOD PURCHASES	423,869.	423,869.		
b TRANSPORTATION COSTS	28,601.	28,601.		
c FOOD DONATIONS	7,704.	7,704.		
d REPAIRS & MAINTANENCE	5,798.	5,798.		
e All other expenses	19,733.	12,472.	4,484.	2,777.
25 **Total functional expenses.** Add lines 1 through 24e	873,253.	743,815.	100,727.	28,711.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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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
Assets	1	Cash - non-interest-bearing		86,040.	1	170,970.
	2	Savings and temporary cash investments		434,053.	2	358,532.
	3	Pledges and grants receivable, net		2,339.	3	2,707.
	4	Accounts receivable, net			4	13,432.
	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		17,366.	8	23,504.
	9	Prepaid expenses and deferred charges		21,555.	9	10,078.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 422,564.			
	b	Less: accumulated depreciation	10b 165,113.	289,931.	10c	257,451.
	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		9,849.	15	9,849.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		861,133.	16	846,523.
Liabilities	17	Accounts payable and accrued expenses		54,412.	17	25,456.
	18	Grants payable			18	
	19	Deferred revenue		12,567.	19	15,416.
	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	**Total liabilities.** Add lines 17 through 25		66,979.	26	40,872.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		794,154.	27	805,651.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	Total net assets or fund balances		794,154.	32	805,651.
	33	Total liabilities and net assets/fund balances		861,133.	33	846,523.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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	884,750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	873,253.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,497.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	794,154.
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	805,651.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	**Employer identification number**
COMMUNITY FOOD BANK OF CITRUS COUNTY, INC	80-0459100

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

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 ▶ ☐

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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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	342,377.	333,784.	416,359.	458,446.	405,773.	1956739.
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	401,386.	465,055.	525,082.	560,749.	531,811.	2484083.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	433.					433.
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	744,196.	798,839.	941,441.	1019195.	937,584.	4441255.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						4441255.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	744,196.	798,839.	941,441.	1019195.	937,584.	4441255.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61.	101.	271.	1,633.	4,287.	6,353.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	61.	101.	271.	1,633.	4,287.	6,353.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	744,257.	798,940.	941,712.	1020828.	941,871.	4447608.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.86 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	.14 %
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	.05 %

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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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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 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 COMMUNITY FOOD BANK OF CITRUS COUNTY, INC

Employer identification number 80-0459100

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	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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 ▶ $ _____

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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		4,703.	3,225.	1,478.
d Equipment		417,861.	161,888.	255,973.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				257,451.

Schedule D (Form 990) 2019

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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	941,871.
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	38,800.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	38,800.
3	Subtract line **2e** from line **1**			3	903,071.
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	-18,321.		
c	Add lines **4a** and **4b**			4c	-18,321.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	884,750.

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	930,374.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	38,800.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	38,800.
3	Subtract line **2e** from line **1**			3	891,574.
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	-18,321.		
c	Add lines **4a** and **4b**			4c	-18,321.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	873,253.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT -18,321.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON AUDIT REPORT -18,321.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, INC

Employer identification number: 80-0459100

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 ANNUAL FUNDRAISING (event type)	(b) Event #2 CITRUS COUNTY EMPTY (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	155,086.	14,318.	25,000.	194,404.
	2 Less: Contributions	155,086.		25,000.	180,086.
	3 Gross income (line 1 minus line 2)		14,318.		14,318.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	8,886.			8,886.
	8 Entertainment	750.			750.
	9 Other direct expenses	6,233.	1,595.	857.	8,685.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18,321.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-4,003.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Part IV **Supplemental Information** *(continued)*

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: COMMUNITY FOOD BANK OF CITRUS COUNTY, INC

Employer identification number: 80-0459100

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY FOOD TO PANTRIES, SOUP KITCHENS AND SHELTERS WITHIN CITRUS COUNTY, FLORIDA VIA THE OPERATION OF A CENTRALIZED FOOD BANK AND TOGETHER WITH OUR VOLUNTEERS AND DONORS WE WILL PROMOTE PUBLIC AWARENESS, INSPIRE COMMUNITY INVOLVEMENT AND STRIVE TO END HUNGER AND NOURISH HOPE FOR THOSE IN NEED OF OUR SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AWARENESS, INSPIRE COMMUNITY INVOLVEMENT, AND STRIVE TO END HUNGER AND NOURISH HOPE FOR THOSE IN NEED OF OUR SUPPORT.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE ORGANIZATION'S FORM 990 IS DISTRIBUTED TO THE BOARD DURING A REGULARLY SCHEDULED MEETING FOR THEIR REVIEW. BOARD MEMBERS ARE ENCOURAGED TO ASK QUESTIONS OF THE TREASURER PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ITS ANNUAL REGISTRATION WITH THE STATE OF FLORIDA, THE BOARD IS PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY, REQUESTED TO DISCLOSE ANY CONFLICTS OF INTEREST AND SIGN AN AFFIDAVIT THAT THEY HAVE READ AND UNDERSTAND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE CONFERS WITH FEEDING AMERICA TAMPA BAY TO DETERMINE REASONABLE SALARIES FOR ITS EMPLOYEES AND COORDINATES THIS INFORMATION WITH ANTICIPATED BUDGETED REVENUES AND OTHER OPERATIONAL EXPENSES TO DETERMINE

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

Name of the organization COMMUNITY FOOD BANK OF CITRUS COUNTY, INC

Employer identification number 80-0459100

THE AMOUNT OF COMPENSATION TO BE PAID.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 1023 AND FORM 990 IS MADE AVAILABLE UPON REQUEST.

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	MACHINERY & EQUIPMENT														
2	ALARM SYSTEM	11/27/12	SL	10.00		16	518.				518.	316.		52.	368.
3	330 LB SCALE	11/28/12	SL	10.00		16	529.				529.	322.		53.	375.
4	POWER JACK	11/28/12	SL	10.00		16	2,900.				2,900.	1,764.		290.	2,054.
6	SCALE	12/12/12	SL	10.00		16	1,495.				1,495.	912.		150.	1,062.
7	2 MEDIUM TEMP STRIP CURTAINS	12/12/12	SL	10.00		16	1,728.				1,728.	1,052.		173.	1,225.
8	CAMERA SYSTEM	12/28/12	SL	10.00		16	688.				688.	414.		69.	483.
9	VINYL FLOORING	12/26/12	SL	10.00		16	1,836.				1,836.	1,104.		184.	1,288.
10	SIGNS	12/05/12	SL	10.00		16	642.				642.	389.		64.	453.
11	STAINLESS STEEL SINK/TABLES/ETC	10/19/12	SL	10.00		16	2,050.				2,050.	1,264.		205.	1,469.
12	BUG SCREEN	03/20/13	SL	10.00		16	2,867.				2,867.	1,650.		287.	1,937.
13	BUILDING SIGN	01/14/13	SL	5.00		16	468.				468.	468.		0.	468.
14	ROAD SIGN	02/06/13	SL	5.00		16	564.				564.	564.		0.	564.
15	TRUCK SIGN	03/13/13	SL	5.00		16	482.				482.	482.		0.	482.
16	FORKLIFT	05/03/13	SL	10.00		16	28,760.				28,760.	16,297.		2,876.	19,173.
17	WALK-IN FREEZER	11/04/13	SL	10.00		16	15,276.				15,276.	7,895.		1,528.	9,423.
21	GENERATOR	07/31/14	SL	15.00		16	15,026.				15,026.	4,425.		1,002.	5,427.
22	WALK-IN FREEZER	05/12/14	SL	15.00		16	96,187.				96,187.	29,923.		6,412.	36,335.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
23	(2) DELL OPTIPLEX COMPUTERS	04/30/14	SL	5.00		16	700.				700.	653.		47.	700.
24	(2) 20" DELL MONITORS	04/30/14	SL	5.00		16	120.				120.	112.		8.	120.
25	(1) OPTIPLEX COMPUTER	05/05/14	SL	5.00		16	350.				350.	327.		23.	350.
26	(1) PLANAR MONITOR	05/05/14	SL	5.00		16	75.				75.	70.		5.	75.
32	PALLET JACK	09/23/16	SL	10.00		16	3,194.				3,194.	718.		319.	1,037.
35	CLARK FORKLIFT #TMX17	11/07/17	SL	10.00		16	27,437.				27,437.	3,201.		2,744.	5,945.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						203,892.				203,892.	74,322.		16,491.	90,813.
	TRANSPORTATION EQUIPMENT														
18	SIGN/LOGO INTERNATIONAL TRUCK	11/12/13	SL	5.00		16	630.				630.	630.		0.	630.
19	INTERNATIONAL TRUCK	03/22/13	SL	15.00		16	83,069.				83,069.	31,843.		5,538.	37,381.
33	2010 CHEVY SILVERADO 1500	01/06/16	SL	5.00		16	10,893.				10,893.	6,537.		2,179.	8,716.
34	2016 INTERNATIONAL 4300 TRUCK	08/22/16	SL	15.00		16	124,080.				124,080.	19,301.		8,272.	27,573.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						218,672.				218,672.	58,311.		15,989.	74,300.
	* GRAND TOTAL 990 PAGE 10 DEPR						422,564.				422,564.	132,633.		32,480.	165,113.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

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.
Community Food Bank of Citrus County, 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.
5259 W. Cardinal St. Building B

Requester's name and address (optional)

6 City, state, and ZIP code
Homosassa, FL 34446

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.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
8 0 - 0 4 5 9 1 0 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person ▶** Barbara Sprague **Date ▶** 2/5/2021

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.*

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.*

Attachment: 14 NPG1 Non-Profit Grant Packet- Community Food Bank of Citrus County, Inc (12603 : The Citrus County Nonprofit Grant



Non-Profit Grant

Homosassa Lions Foundation, Inc.

Application

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000016

Homosassa Lions - HomosassaLions@gmail.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 18 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Homosassa Lions Foundation, Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

3705 S. Indiana
Homosassa, FL

Mailing Address for Grant Check

Name

Treasurer

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

Homosassa Lions

Address

PO Box 1401

Address 2

(No response)

City

Homosassa Springs

State

FL

ZIP

34447

Country

(No response)

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

HomosassaLions@gmail.com

Phone Number

352-601-3206

Business Website Address

https:lje-clubhouse.org/sites/homosassafl/index.php

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

51-042793

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

The Lions adopted eyesight preservation as the primary focus of our charitable giving. Although the club supports many charities and assists community organizations in many ways, eyesight receives most of the club's *effort* and resources. Eyesight assistance takes many forms from cataract surgery for the elderly to eyeglasses for youngsters whose families cannot afford the prescription glasses themselves. The club provides free vision screening to the Citrus County school system each fall.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 7,000

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 7000

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

NA

How many years has your organization served Citrus County?

SO

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 17 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Homosassa Lions Foundation Inc.
Country: United States
Ein: 510427903
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 17 2021

fw9

Filename: fw9_dnG6O71.pdf **Size:** 177.6 kB

Upload a State of Florida charitable organization registration

Completed - Feb 17 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

2020_HLF_compliance

Filename: 2020_HLF_compliance.pdf **Size:** 188.3 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 17 2021

2017_990n

Filename: 2017_990n.pdfSize: 412.6 kB

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

2018_990n

Filename: 2018_990n.pdf **Size:** 136.2 kB

2019_990N

Filename: 2019_990N.pdfSize: 503.8 kB

Upload Evaluation Criteria

Completed - Feb 18 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

2021_Grant

Filename: 2021_Grant.pdf **Size:** 363.7 kB

Upload optional presentation

Completed - Feb 18 2021

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

ScreenResult

Filename: ScreenResult.jpg **Size:** 562.2 kB

Fill out a form

Completed - Feb 18 2021

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit. the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that. if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.

Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.

Organization is not a membership group entity.

Personnel costs or administrative expenses will not be paid, only actual eligible expenses.

Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.

Organization does not have unpaid code enforcement liens or fees due a City and or the County.

Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Dana Comeau

Applicant Title

Treasurer

Date

Feb 18 2021

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Homosassa Lions Foundation
P.O. Box 1401
1–lomosassa Springs. FL 34447
HomosassaLions@gmail.com

Citrus County CARES Grant

We propose to use this grant to buy a Plusoptix model S12C vision screener. Oure current screening equipment is ten years old and is at the end of its service life.

The Homosassa Lions have been screening the new students of the Citrus County Primary and Middle Schools for over 9 years. This includes all Pre-K, Kindergarten, and students who are new to the school system or any that the school nurse wants to be screened. Since 2011 we have screened 6,115 students and referred 1,627 for professional services. The Lions also see that the students whose family cannot afford eye care are treated at no cost to them.

This new device provides instant Pass/Refer results for children as young as 5 months old. It has a database capacity of 100,000 records and is WIFI capable for access and storage. Our vision screening team is lead by Lion Judy Geary who has headed this project for the last 5 years. She has worked with the Citrus County School system to schedule screenings at 16 Citrus County schools by December each year. There are 15 Lions who have trained and will visit each school in teams of 3 members. All time, mileage and expenses are donated by the team members.

We also provide this service to private schools in the county such as the 7 Rivers Academy if they want to participate.

The Homosassa Lions Foundation, Inc. is a 501c3 organization that is registered with the state of Florida to solicit charitable contributions under chapter 496 of the Florida statutes (CH29537)... A copy of the official registration and financial information may be obtained f'om the division of consumer services by calling toll-free within the state. Registration does not imply endorsement, approval, or recommendation by the state."

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

April 30, 2020 **Refer To: CH29537**

THE HOMOSASSA LIONS FOUNDATION, INC
PO BOX 1401
HOMOSASSA SPRJNGS, FL 34447-1401

RE: THE HOMOSASSA LIONS FOUNDATION, INC
REGJSTRATION#: CH2953 7
EXPIRATION DATE: May 11, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confinnation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FJNANCIAL TNFORMATJON MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Deborah Mallon
Regulatory Consultant
850-410-3 707
Fax: 850-410-3804
E-mai I: deborah. ma llon@fdacs.gov

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form 990-N

Electronic Notice (e-Postcard)

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

0MB No. 1545-2085

2017

Open to Publtc Inspection

A For the 2017 Calendar year, or tax year beginning **2017-07-01** and ending **2018-06-30**

B Check if available
☐ **Tenninated for Business**
0 Gross receipts are normally $50,000 or less

C Name of Organization: HOMOSASSA LIONS FOUNDATION INC
PO Box 1401. **Homosassa** Springs. F L US. 34447

D Employee Identification Number 51-0427903

E Website·
http://e-clubhouse.org/sites/homosassafl/index.php

F Name of Principal Officer: **Sue Marchetti**
PO Box 1401. Homosassa Springs. FL. US. 34447

Information Copy. Do not send to IRS.

Privacy Act and Paperwork Reduction Act Notice: We ask for the infonnation on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need It to ensure that you are complying with these laws.

The organization Is not required to provide information reiiuesled on a form that is subject to the Paperwork Reduction Act unless the form displays a valid 0MB control number. Books or records relating to a form i 1 t s instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Fonn 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the ind1v1dual circumstances. The estimated average times Is 1S minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.j

Form **990-N**

Electronic Notice (e-Postcard)

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

0MB No. 1545-2085

2018

Open to Public Inspection

A For the **2018** Calendar year, or tax year beginning **2018-07-01** and ending **2019-06-30**

B Check if available
☐ **Terminated for Business**
☐ **Gross receipts are nonnally $50,000 or less**

C Name of Organization: **HOMOSASSA LIONS FOUNDATION INC**
PO Box 1401, Homosassa Springs. FL. US. 34447

D Employee Identification Number 51-0427903

E Website:

F Name of Principal Officer: **Daniel Fox**
2 Smilax Ct N, Homosassa, FL, US, 34446

Information Copy Only Do not send to IRS

Privacy Act and Paperwork Reduction Act **Notice:** We ask for the infonnation on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need itto ensure that you are complying with these laws.

The organization is not required to provide information requested on a fonn that is subject to the Paperwork Reduction Act unless the form displays a valid 0MB control number. Books or records relating to a fonn or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus

Form **990-N**

Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

0MB No. 1545-2085

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning **2019 7 ◆1** and ending **2020-06-30**

B Check if available
☐ **Tenninated for Business**
g **Gross receipts are normally $50,000 or less**

C Name of Organization: HOMOSASSA LIONS E**OUNDA**TION **INC**
PO Box 1401. Homosassa Qringi,.fb

0 Employee Ident1ficat1on Number 51-0427903

E Website
htt11s:l/e-clubhouse.org/sites/homosassafl
◆P . . . IIII

F Name of Principal Officer: **Paul Gadke**
6695 W:st Robln Lane,
Homoaaua. 8, . J ! §, 34448

Information Copy Do not send to IRS

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

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The time needed to complete and file this form and related schedules will vary depending on the ind1v1dual circumstances. The estimated average times Is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Homosassa Lions 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 D C Corporation D S Corporation D Partnership D 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.

O Other (see instructions) ▶ **Non-orofit corooration**

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.

PO Box 1401

Requester's name and address (optionaQ

6 City, state, and ZIP code

Homosassa Sorinas, FL 34447

7 List account number(s) here (optionaQ

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 md1v1duals, 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 G,ve the Requester* for guidelines on whose number to enter.

Social security number

DJ - [I] - ____

or

Employer identification number

51 -0427903

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 11, later.

Sign Here Signature of U.S. person ▶ c ; - ') Gmean Date ▶ **2/17/2021**

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.*

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.*

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- **A** domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. granter or other U.S. owner of the granter trust and not the trust; and
- In the case of a U.S. trust (other than a granter trust), the U.S. trust (other than a granter trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% 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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

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 granter of a granter 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.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040N1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040N1040EZ on line 1. You may enter your business, trade, or "doing business as" (OBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or OBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or OBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, OBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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 (1)(2)

2 - The United States or any of its agencies or instrumentalities

3 - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities

5 - A corporation

6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7 - A futures commission merchant registered with the Commodity Futures Trading Commission

8 - A real estate investment trust

9 - An entity registered at all times during the tax year under the Investment Company Act of 1940

10 - A common trust fund operated by a bank under section 584(a)

11 - A financial institution

12 - A middleman known in the investment community as a nominee or custodian

13 - A trust exempt from tax under section 664 or described in section 4947

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 52
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] 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 reportable under section 6045(1), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701 (a)(37)

B - The United States or any of its agencies or instrumentalities

C - A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1 (c)(1)(i)

E - A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1 (c)(1)(i)

F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G - A real estate investment trust

H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I - A common trust fund as defined in section 584(a)

J - A bank as defined in section 581

K - A broker

L - A trust exempt from tax under section 664 or described in section 4947(a)(1)

M - A tax exempt trust under a section 403(b) plan or section 457(9) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester,* later, 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 SSA office or get this form online at *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* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.Irs .gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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, 4, or 5 below indicates 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 line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 made in settlement of payment card and third party network transactions, 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), **ABLE** accounts (under section **529A), 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 Coint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account'
3. Two or more U.S. persons Coint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor'
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner"
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ij (A))	The grantor·
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporalion or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, reltg1ous, charitable. educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

' 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.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or OBA 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.

[4] 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,* earlier.

•**Note:** The granter 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, 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 *phishmg@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.ldentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/ldentityTheft* 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. commonwealths and 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.

Attachment: 16 NPG1 Non-Profit Grant Packet- Homosassa Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)



Non-Profit Grant

Doctor's Free Clinic of Citrus County

Application

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000018

Sondra Moylan - smoylan@academycme.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 26 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Doctor's Free Clinic of Citrus County

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

6752 W GULF TO LAKE HWY, #101, CRYSTAL RIVER, FL, 34429

Mailing Address for Grant Check

Name

Jeffrey Wallace, MD

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Company

Doctor's Free Clinic Citrus County, Inc

Address

6752 W GULF TO LAKE HWY

Address 2

#101

City

CRYSTAL RIVER

State

FL

ZIP

34429

Country

United States

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

smoylan@academycme.org

Phone Number

352-382-0623

Business Website Address

In development.

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

84-3983901

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

To improve the health and well-being of the uninsured, indigent and under-served; to promote health literacy and to establish alliances that serve the community. To provide the best health care that we are able to provide for all, regardless of the ability to pay.
Our focus is not just providing ongoing preventative services, educating our patients and the community about disease processes and to improve the overall health of this community.

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 25,000

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 30,000.00

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

N/A

How many years has your organization served Citrus County?

1 1/2

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 22 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Doctors Free Clinic of Citrus County Inc.
Country: United States
Ein: 843983901
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 24 2021

DFCCC- signed FORM W-9

Filename: DFCCC-_signed_FORM_W-9.pdf **Size:** 705.0 kB

Upload a State of Florida charitable organization registration

Completed - Feb 22 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

App for Solicitation processed-compliance letter (00896263xA281E)

Filename: App_for_Solicitation_processed-complia_73U92uQ.pdf **Size:** 153.3 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 23 2021

2020 Form 990-N submission

Filename: 2020_Form_990-N_submission.pdf **Size:** 574.7 kB

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Upload Evaluation Criteria

Completed - Feb 26 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Evaluation Criteria

Filename: Evaluation_Criteria.docx **Size:** 16.5 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 26 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Sondra Moylan, MS. RN - UNABLE TO INSERT SIGNATURE BELOW

Applicant Title

Director

Date

Feb 26 2021

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Signature

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Doctor's Free Clinic of Citrus County

Intended use of the grant funds

The Doctor's Free Clinic of Citrus County (DFCCC) intend to use grant funding to obtain necessary equipment, pharmaceuticals, and other perishable items for the sole propose of providing diagnosis, treatment, and referral for patients utilizing DFCCC from Citrus County only. Although DFCCC was operational in November 2020, however, many factors affected the lack of patient participation. In order to be operational in 2021, the grant funding will allow us to expand the equipment and tools necessary to manage chronic care, and if necessary reimburse non-voluntary specialty services if needed. These may be radiography, laboratory, pathology, etc. DFCCC collaborates with the various homeless organizations and We Care in Citrus County to inform patients of our existence and provide transportation to our facility. Those who have a chronic health condition and no insurance desperately need medication to live. DFCCC is a safety net to survive. DFCCC is the organization that permits us to provide free care with safety and integrity. DFCCC will enroll qualified patients in the Pharmaceutical Prescription Assistance program. Insulin for diabetics is very costly, and are required to monitor their blood glucose levels frequently; our patients may receive a blood glucose-monitoring meter, testing strips, testing solution, lancets and/or other necessary products. Patients with COPD or asthma may be provided inhalers. Heart patients may be provided with cardiac and/or hypertension medication. Mental health patients receive appropriate medication for their bi-polar, depression, anxiety or schizophrenia diagnoses and If necessary, referred to our volunteer psychiatrist Total cost to the clinic for the above noted supplies and diagnostic tests will be covered by the BOCC grant. All patients who use tobacco products are required to attend the smoking cessation program and will be provided with nicotine patches and/or other supplies to quit using tobacco products.

Deployment plan

Initially, all health care will be provided at the Citrus County Board of Health building, 3700 W. Sovereign Path, Lecanto, FL. the first Saturday of each month, beginning at 9:00 AM. As number of patient requests increase, DFCCC will add additional days. Everyone utilizing our health services will be vetted for qualification; photo ID, Social Security Card, proof of income or lack thereof, and all current medications Patients will be seen on an appointment schedule. Providers of care are all volunteers consisting of Florida licensed physicians, mid-level practitioners, and nurses. Currently we have more than 5 active clinical health care providers. Several other physicians have demonstrated their interest in participating. Our clinical supervisor is also a volunteer and her responsibilities include, but are not limited to, verifying eligibility, maintain all governmental and administrative records, staff schedules, and patient appointments.

How Citrus County Will Benefit From This Program

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

This health care service will be available to all residents (full and part-time) of Citrus County. It is the only free health care clinic for chronic health and mental health services offered to the indigent and uninsured residents under age 65. Its Board of Directors develops DFCCC's services, which include 50% active physicians and 50% local leaders in our community. Our operations are under continual supervision and adaptation to local health needs by the Board of Directors and the Citrus County Board of Health, and WeCare.
By providing access to high quality health care, DFCCC is reducing usage of hospital emergency rooms for non-emergent care. It will also save hospital charity-care millions of dollars.

Projected Number of Citrus County Citizens That Will Benefit From This Program

Currently, approximately 15,000* Citrus County citizens are eligible to utilize the DFCCC. This number is based upon DFCCC's criteria for care; Over 18, Under 65, uninsured, or otherwise considered eligible.

*Florida Department of Health in Citrus

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Division of Consumer Services
(850) 410-3800



The Rhodes Building
2005 Apalachee Parkway
Tallahassee, Florida 32399-6500

Florida Department of Agriculture and Consumer Services
Commissioner Nicole "Nikki" Fried

October 29, 2020 **Refer To: DTN3397103**

DOCTORS' FREE CLINIC OF CITRUS COUNTY INC.
6752 W GULF TO LAKE HWY # 101
CRYSTAL RIVER, FL 34429-9348

RE: DOCTORS' FREE CLINIC OF CITRUS COUNTY INC.
REGISTRATION#: CH63588 EXPIRATION DATE: October 29, 2021

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Effective July 1, 2013, qualified charitable organizations are exempt from the fee based registration if they meet the following criteria, but are still required to register annually using form FDACS-10110 which will be mailed to you approximately 35 days before the registration expiration date:

* The charitable organization or sponsor has less than $25,000 in total revenue during the preceding fiscal year.
* The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
* The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406. An annual registration is still required pursuant to s. 496.406(1)(d), Florida Statutes.

PLEASE NOTE: If you no longer meet one or more of the above listed qualifiers, you must submit a registration application using form FDACS-10100 with all required attachments and fees within 30 days of the qualifying change. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

Sincerely,

Kathleen Ashton
Regulatory Specialist III
850-410-3680
Fax: 850-410-3804
E-mail: kathleen.ashton@fdacs.gov

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

Form **990-N**

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2020

Open to Public Inspection

A For the **2020** Calendar year, or tax year beginning **2020-01-01** and ending **2020-12-31**

B Check if available

- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **DOCTORS FREE CLINIC OF CITRUS COUNTY INC**

6752 W GULF TO LAKE HWY
SUITE 101, CRYSTAL RIVER,
FL, US, 34429

D Employee Identification Number **84-3983901**

E Website:

F Name of Principal Officer: **B Jeffrey Wallis MD**

6752 W GULF TO LAKE HWY
SUITE 101, CRYSTAL RIVER,
FL, US, 34429

Information Copy. Do not send to IRS.

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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.
Dictor's Free Clinic of Citrus County

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) ▶ Non-profit corp. exempt under IRS Code 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.
6752 W. Gulf to Lake Highway #101

Requester's name and address (optional)

6 City, state, and ZIP code
Crystal River, FL 34429

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.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
8 4 - 3 9 8 3 9 0 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.

Sign Here Signature of U.S. person ▶ _____ Date ▶ 2/23/2021

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.*

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.*

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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,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% 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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

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.

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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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

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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 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] 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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester,* later, 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 SSA office or get this form online at *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* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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, 4, or 5 below indicates 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 line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

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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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. 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[1] The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] 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.

[2] Circle the minor's name and furnish the minor's SSN.

[3] 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.

[4] 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,* earlier.

***Note:** The 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, 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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.

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)

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*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* 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. commonwealths and 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.

Attachment: 18 NPG1 Non-Profit Grant Packet- Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit Grant Program)



Non-Profit Grant

The Inverness Lions Foundation, Inc.

Application

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000019

Kim Rossman - rossmankg@gmail.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 26 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

The Inverness Lions Foundation Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

The Inverness Lions Foundation Inc.

Organization Business Address

Where do you conduct your business?

130 Heights Ave,
Inverness, FL., 34451

Mailing Address for Grant Check

Name

Inverness Lions Foundation Inc.

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

The Inverness Lions Foundation Inc.

Address

P.O. Box 295

Address 2

(No response)

City

Inverness

State

FL

ZIP

34451

Country

United States

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

rossmankg@gmail.com

Phone Number

248-343-0025

Business Website Address

https://e-clubhouse.org/sites/inverness_fl/

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

020668972

Application Information

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

The Inverness Lion’s Club was organized in 1976

Our goals is to meet humanitarian needs for vision care and eye health for our community and beyond via accessibility to eye exams, glasses, and intervention to prevent blindness by surgical procedures. We also support the “Right to Sight” program by collecting, cleaning and organizing used glasses. We serve the residents of Citrus County based solely on the need for vision assistance. In the past, we have helped preschool children, school age children, adults, seniors, homeless, veterans, clients ravaged by fires, auto accidents, lost or damaged glasses, special safety glasses to return to work, and replaced glasses broken or taken during abuse. White canes and readers for distribution to those in need. We spread the word of the vision assistance we offer to our community and beyond in order to reach all who are in need.

The Lions club vision assistance program is known by many local charities, service agencies and heath care providers who refer clients to the Lions when identified. Referrals come from CASA, E-Nini-Hassi the Pregnancy Resource Center, the veteran’s administration shelter, and referrals from doctor offices.
We also have a Vision Hotline which anyone in need can call to receive attention for the vision needs. Frequently, clients call the dedicated Lions vision hotline phone number, get referred by friends or relatives, e mail the Lions web site, to ask for assistance.
The Lion’s Club donation program for used glasses remind the public of Lions availability and are in multiple sites throughout the community, in stores such as Walmart, churches, funeral homes, charity resale stores, and eyes care centers. We have ten glasses collection sites strategically located around the County for the purpose of collecting used glasses.
Lions also do free diabetic screening at local events and during fundraising, plus participation in volunteer fairs, county fairs, other charity fundraising events and seasonal Parades.
Teachers in our schools are also aware of the Inverness Lions in school assistance for children’s eye screening and free glasses program. Currently, the Inverness Lion’s Club services all of the fourteen schools in Citrus County.

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 29,675

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 31,000

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

N/A

How many years has your organization served Citrus County?

45 Years

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 25 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Inverness Lions Foundation Inc.
Country: United States
Ein: 020668972
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 25 2021

W-9

Filename: W-9_ngDwD5t.pdf **Size:** 1.6 MB

Upload a State of Florida charitable organization registration

Completed - Feb 25 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

Document_2021-02-25_163025

Filename: Document_2021-02-25_163025.pdf **Size:** 1.1 MB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 25 2021

scan

Filename: scan_cnoCpzA.pdf **Size:** 647.5 kB

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Upload Evaluation Criteria

Completed - Feb 26 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Citrus County Nonprofit Grant Program- Inverness Lions Foundation Inc

Filename: Citrus_County_Nonprofit_Grant_Program_qU2i8Yu.docx **Size:** 41.4 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Kim G Rossman

Applicant Title

Treasurer

Date

Feb 25 2021

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Citrus County Nonprofit Grant Program
Evaluation Criteria
Inverness Lions Foundation Inc.

1) The Intended use of the grant

Since receiving our Charter in 1976, the mission of the Inverness Lion's Club of Citrus County has been to empower volunteers to serve their communities, and to meet humanitarian needs. To that end, our Lion's Club has remained focused on providing a variety of vision services to low income families and children across Citrus county. We are asking for your help in order to serve more of our fellow citizens, men, women and children, who without our assistance would go without the gift of proper sight.

The Inverness Lion's Club of Citrus County is a Federally recognized 501(C)(3) organization. Please refer to the included IRS Tax Status Letter for additional details.

Based on income level and the number of people within the household which also includes the homeless, and those living at shelters such a CASA and other locations in Citrus County, the Inverness Lion's Club provides the following vision services to **all** residents of Citrus County.

- Pay for eye examinations for glasses
- Pay for glasses, including specialty glasses such as bifocals, trifocals, baby safe glasses, safety glasses for adults, child unbreakable and multiple prism glasses.
- Pay for surgical intervention in order to prevent blindness. Including:
  - o Cataract surgery
  - o Retinal detachments and retinal tears
  - o Diabetic neuropathies and laser removal of scar tissue.
- Pay for clients who work but are still low income and need eye surgery and have insurance, but will never meet their out of pocket expenses.
- Pay for five (5) school nurses throughout the county to become certified in the use of special equipment to evaluate the need for school age children for glasses and recommend them for eye exams as needed.

Currently, funding to support these efforts comes from a variety of fundraising efforts provided by our members. Regretfully, this funding is lacking based on the number of citizens of this county requiring visions services. Equally unfortunate is that the costs for providing these services continue to rise.

Moreover, with the advent of the COVID-19 virus in the United States, all of our fund-raising efforts have come to a standstill. Without grant funding from the United Way of Citrus County our efforts to service the vision needs of the less fortunate in our community will be diminished.

The Inverness Lion's Club is a volunteer organization. **There are no salaries, or "overhead costs"**. As such, all grant funds received will be completely allocated towards providing vision services.

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

The success of this grant will be measured through our client survey program, designed to determine if our organization is meeting the vision needs of the community. This will be accomplished through our continuing partnership with the following organizations and their clients.

- All elementary and high schools in Citrus County
- Citrus Abuse Shelter Association (CASA)
- Citrus County Family Resource Center
- Family & Pregnancy Resource centers
- Veteran Crisis centers
- Langley low income health clinic

This grant will be administered by the Inverness Lions Club Treasurer, Mr. Kim G. Rossman. Mr. Rossman's contact information is as follows; 1-(248) 343-0025 / rossmankg@gmail.com

2) Detailed Information on the food distribution and / or health care service deployment plan

The program will be administered from 130 Heights Rd, Inverness, FL 34450. Additionally, we will use P.O. Box 295, Inverness Fl, in order to receive Inverness Lion's Club Applications for Assistance along with correspondence from Optometrists, Ophthalmologists, Optimart, the Florida Foundation for the Blind and the Citrus County agencies we will be partnering with for this program.

Clients are referred to the Inverness Lion's Club from a variety of sources. Mainly other charitable organizations and support centers. The client is requested to fill out pages one and two of the Inverness Lion's Club Vision Assistance Application and sign in the appropriate locations on page two of the form. The completed form is returned to our Eye Sight Chairperson, Beth Rossman. It is the responsibility of the Eye Sight Chairperson to determine if the client meets the Inverness Lion's Club standards for financial service. These standards are as follows.

- The client must be a full-time resident of Citrus County.
- The ratio of income to expenses is either negative or a minimal amount, less than $200 per person is available to the family. This is taken into consideration for financial determination.
- The client is on food stamps. This is taken into consideration for financial determination.
- The total income for the household divided by the number of persons living in the home is less than or equal to $1,200 per person. This is taken into consideration for financial determination.
- If the client is living with someone and working for room and board. Incomes from others living at this home do not apply. This is taken into consideration for financial determination.
- If the client is living at a local shelter. This is taken into consideration for financial determination.
- The client does not have insurance for eye care. This is optional and not a determining factor.
- If the client indicates on the application, they have insurance, we ask them if they have vision coverage. If they don't know, we ask them to contact their insurance company for an answer. This is taken into consideration for financial determination.

The completed application is presented by the Eye Chairperson to the Vision Committee which consists of the Inverness Lion's Club President and Treasurer who review the completed form and make a final determination to approve or disapprove the application.

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

When the application is approved, the Eye Sight Chairperson calls the Inverness Lion's Club approved eye doctor's office, preferably near the client's residence, and provides the office with information regarding the client.

The Eye Sight Chairperson provides the eye doctor's office with verbal approval by the Inverness Lion's Club for the eye exam. If the doctor's office requests written confirmation an e mail containing the client information and sponsorship by the Inverness Lion's Club it is sent to them.

Working with the eye doctor's office the Eye Sight Chairperson schedules an appointment for the client's eye exam.

The client is then called by the Eye Sight Chairperson and informed of their acceptance for sponsorship by the Inverness Lion's Club, as well as the eye doctors appointment date, place and time of appointment, phone number of eye center and directions

Upon arrival at the eye center the client must to inform the staff of the Lion's sponsorship.

Inverness Lion's Club does not pay for designer glasses, tinted lenses or contact lenses.
The client will be given a choice of frames at the eye center that have been approved by the Inverness Lion's Club with that eye center.

Payment for eye examination and glasses: The Eye Center or Doctor's office will forward the bill for payment to the Inverness Club Secretary / Treasurer at P.O. Box 295, Inverness, Florida, 34451. The Treasurer will notify the Eye Sight Chairperson of the invoice. The Eye Sight Chairperson will make a notation of payment on the client's initial application for vision service. The case file is closed once payment for services is made to the eye doctor or eye center.

In cases of cataract or retinal tear surgery, the Eye Sight Chairperson calls the client and informs him /her of their acceptance for sponsorship by the Inverness Lion's Club, as well as the eye doctors appointment date, place and time of appointment, phone number of eye center and directions.

The client is informed that they may be requested to fill out a **Florida Department of Education Division of Blind Services form** at the doctor's office and that this will be needed by the Inverness Lion's Club to process the Lion's Club forms for payment in the event that the state denies the application and subsequent payment for the eye exam or surgery.

In the event that the Florida Department of Education denies the request for surgical intervention, the Lions Eye Sight Chairperson assists the client in completing the Florida Lion's Club Foundation for the Blind forms. The forms along with all other relevant information along with a check for $200 is forwarded to Dr. Norma Callahan of the Florida Lion's Foundation for the Blind. Dr. Callahan reviews the application and makes arrangements with the surgeon for not only the procedure but also the remaining amount of payment owed for the surgery.

In cases of emergency surgery, such as a detached retina, the surgeon's office notifies the Inverness Lion's Club Eye Sight Chairperson who in turn seeks approval over the phone from the Lion's Club President. and Dr. Callahan from the Florida Foundation for the Blind. Approval is given to the surgeon to proceed with the surgery with the forms and payment to the physician to follow.

3) How Citrus County will benefit from this program.

According to the 2016 United States Bureau of the Census over 17.4% of Citrus County residents live below the poverty level. This equates to over 85,000 of our citizens living in poverty with a per capita

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

income level less than $23,000. Of this, over 22.4% were males while 28.4 % were females living in poverty.

In addition, according to a March 16th 2019 article in the Citrus Chronicle, Citrus County was among the unhealthiest counties in the State of Florida, Specifically, “In a 2018 nationwide and statewide county health ranking recently released measuring indicators including teen births, childhood poverty, physical inactivity and premature deaths, Citrus County fell slightly from one year ago to 54th place out of 67 Florida Counties. The county ranked 61st for length of life and 40th in other health related factors. In 2017, Citrus County ranked 60th for length of life and 35 in other health related factors.

Combine these two sobering statistics with a 2019 study released by United Way of Citrus County that over 17,000 of the adults in our county don’t have a basic level of education. This roadblock prevents them from finding a job to sustain their family as well as meet their basic health care needs.

When you combine, poor health, lack of wages and lack of education, it appears overwhelmingly clear that the Lion’s Club Vision Assistance Program is vital for the health and well-being of the low-income residents of Citrus County. When a family is having trouble finding a place to live, what to eat and wear, their health and vision care and that of their children is not a consideration.

The Inverness Lion’s Club has been reaching out to the less fortunate since our inception as a Club in 1976. We hope that the Grant Committee agrees that a genuine need exists in our community in order for us to expand the services we provide to our residents.

4) The project number of Citrus County citizens that will benefit from this program if awarded.

Based upon the client numbers provided to us by our proposed partner organizations, we anticipate providing vision services to over **150 low-income residents of Citrus County** during the upcoming fiscal year.

Our partner agencies listed below will be directing their clients to the Lion’ Club so that we may service their vision needs.

- Citrus County Abuse Shelter Association (CASA)
- Citrus County School System
- Family Resource Center
- Pregnancy & Family Life Center
- E-Nini-Hasse

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

a) Service Delivery Options

Vision Services	Per unit Cost	Number of clients served per Grant	2021-2022 Grant Budget
Conventional eye examination	$60.00	100.00	$6,000.00
Retinal detachment examination	$125.00	2.00	$250.00
Pediatric eye examination	$150.00	1.00	$150.00
Diabetic neuropathies examination	$125.00	1.00	$125.00
Cataract examination	$125.00	6.00	$750.00
Glasses			
Regular prescription glasses	$75.00	100.00	$7,500.00
Progressive Bi-focal glasses	$150.00	4.00	$600.00
Progressive Tri-focal glasses	$200.00	4.00	$800.00
Safety glasses for adults to get unemployed back to work	$160.00	2.00	$320.00
Multiple prism glasses	$200.00	2.00	$400.00
Client Transportation			
Taxi Service per round trip in Citrus County X 2 (Eye exam & glasses)	$200.00	2.00	$1,225.00
Taxi Service per round trip in Citrus County X 4 (Cataract surgery)	$350.00	2.00	$700.00
Surgical Intervention			
Cataract surgery ($5,000 per eye)	$2,000.00	2.00	$4,000.00
Retinal surgery	$1,500.00	1.00	$1,500.00
Emergency detached retina	$1,600.00	1.00	$1,600.00
Laser removal of scar tissue	$1,600.00	1.00	$1,600.00
Schools			
Pay for nurses to be certified on special eye evaluation equipment	$125.00	5.00	$625.00
Administrative			
Posters & Flyers for the vision programs	$400.00	1.00	$400.00
Hot line phone	$250.00	1.00	$250.00
Postage to mail applications and client responses	$35.00	24.00	$840.00
Order Checks for Account	$40.00	1.00	$40.00
Total Budget			**$29,675**

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

b) Citrus County service location sites

Eye Care Providers for the Inverness Lions Club

Dr. Harold Christopher Ward,
8490 W. Homosassa Trail, Homosassa, FL 1-352-628-0123
Dr. Ward performs eye exams prior to eye surgery. He also does the eye exam for problem cases. He is paid $45. for eye exams.

Optimart
2637 E. Gulf to Lake Hwy Unit B1, Inverness, FL 34452, 1-352-637-5180
Optimart charges $42 for eye exams.
Lions Optimart Eye Care Professional Contacts

Vision Specialty Associates (They provide the glasses for Optimart)
4359 35th Street St. Petersburg. FL
1-800-683-3937

Jan's Optical in Beverly Hills
3603 N Lecanto Hwy, Beverly Hills, FL 34465, 1-352-746-2009

Walmart of Inverness
2461 E Gulf to Lake Hwy, Inverness, FL 34453, 1-352-637-2300
Keith Rosier – Vision Center Manager – 1-352-637-2050

Paul Siniawski O.D
Walmart of Inverness (performs the eye exams)
2461 E Gulf to Lake Hwy, Inverness, FL 34453, 1-352-637-2300

MezMerEyes Optical
707 N Citrus Ave,
Crystal River, FL 34428,
1-352-795-2020.

Claudia L. Chavez P.A (conducts eye exams for MezMerEyes)
707 N. Citrus Ave
Crystal River FL 34428
1-352-795-2211

Newcomer Eyecare – Exam clients from Beverly Hills, Lecanto & Hernando
3636 N Lecanto Hwy,
Beverly Hills, FL 34465
(352) 746-0800

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

c) Past Performance

The Inverness Lions Foundation Inc has been delivering eye care services to the residents of Citrus County for the past forty-five (45) years. Our record speaks for itself in the hundreds of low-income residents whose lives have been improved as a result of being able to see. It is regrettable that many low-income residents will delay their vision needs because of other higher priorities such as food and shelter. However, proper vision care is a "health need" for everyone. It is absolutely unfathomable that someone should lose their vision simply because they are poor.

d) Potential impact covering all local Citrus County communities

The Inverness Lions Foundation Inc has partnered with other Lions organizations in Citrus County such as the Homosassa, Crystal River, Kings Bay and Beverly Hills Lions Clubs in order to get the word out about proper vision care. Each of these organizations are partnering with civic groups such as food pantries, homeless shelters and churches in the area in order to make the citizens of this County aware of the vision services that the Lions provide in Citrus County. Past record keeping for our visions services program validates the claim that our clients come from all areas of Citrus County

e) Deployment of services times and duration

The information below is a project plan for the delivery of services discussed in this proposal. The start date is predicated upon the grant award being delivered on April 1st, 2021

Task Name	Resource Names	Start	Finish
Inverness Lion's Club Vision Awareness Project Schedule		**Thu 4/1/21**	**Mon 4/4/22**
Contract Award		**Thu 4/1/21**	**Thu 4/1/21**
Project Start	**Project Milestone**	Fri 4/2/21	Mon 4/4/22
Inverness Lion's Club Vision Awareness Project Schedule - Start of Project	**Project Phase**	**Fri 4/2/21**	**Thu 3/31/22**
Task 1 - Documentation Creation Process	**Primary Task**	**Fri 4/2/21**	**Tue 5/11/21**
Flyers and Newspaper Articles	Sub-Task	**Fri 4/2/21**	**Tue 5/11/21**
Lion's club Vision Committee to obtain materials to create posters and flyers	Eye Sight Chairperson Beth Rossman,Tara Davidson,Lou Isley,Mary Powers,Mike Isley,Project Manager Kim G. Rossman	Fri 4/2/21	Thu 4/15/21
Lion's Club vision team meets to create draft vision awareness flyers	Inverness Lion's Club Board,Tara Davidson,Lou Isley,Mary Powers,Mike Isley,Project Manager Kim G. Rossman	Fri 4/16/21	Thu 4/29/21
Lion's Club vision team members meet to draft newspaper articles	Inverness Lion's Club Board,Tara Davidson,Lou Isley,Mary Powers,Mike Isley,Project Manager Kim G. Rossman	Fri 4/16/21	Thu 4/29/21
Materials review session during monthly meeting	All Inverness Lion's Club members	Fri 4/30/21	Fri 4/30/21
Approval of the Flyers and Newspaper Articles	All Inverness Lion's Club members	Fri 4/30/21	Fri 4/30/21
Lion's Club Publicity Chairperson has the flyer's created	Penny Wood	Mon 5/3/21	Mon 5/10/21
Document Creation Completion Milestone	**Project Milestone**	Tue 5/11/21	Tue 5/11/21
Task 2 - Project Management Services	**Primary Task**	**Thu 1/28/21**	**Fri 1/28/22**

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Communication Management	Project Manager Kim G. Rossman	**Thu 1/28/21**	**Fri 1/28/22**
Kick-off meeting	Sub-Task	Fri 4/2/21	Mon 4/5/21
Prepare for kick-off meeting with the partner agencies	Project Manager Kim G. Rossman ,Eye Sight Chairperson Beth Rossman	Fri 4/2/21	Mon 4/5/21
Conduct Project Kick-off meeting with the partner agencies	Project Manager Kim G. Rossman [300%],Eye Sight Chairperson Beth Rossman[300%]	Tue 4/6/21	Tue 4/6/21
Monthy Conference Calls with our Partner Agencies	Project Manager Kim G. Rossman ,Eye Sight Chairperson Beth Rossman	Thu 4/1/21	Fri 4/1/22
Monthly Conference calls	CASA - Deborah Peterson,Citrus County Family Resource Center - Ginger West,Citrus County Schools - Pamela L. Carnevale,E-Nini-Hassee -Jo Lynn Smith,Project Manager Kim G. Rossman ,The Pregnancy & Family Life Center - Stephanie Bell	Wed 4/7/21	Tue 8/30/22
Bi Monthly Lion's Club Team Meetings	All Inverness Lion's Club members	Thu 4/1/21	Fri 4/1/22
Bi Monthly Lion's Club Team Meetings	All Inverness Lion's Club members	Thu 4/1/21	Fri 4/1/22
Completion of the Project Management Tasks - Task 2	**Project Milestone**	Fri 4/1/22	Fri 4/1/22
Task 3 - Vision Assistance Project Expansion - Advertising & Training	**Primary Task**	**Fri 4/2/21**	**Thu 4/29/21**
Lion's Club Eye Sight Chariperson to create letters for newspaper and other civic groups.	Eye Sight Chairperson Beth Rossman	Fri 4/2/21	Thu 4/8/21
Lion's Club Vision Committee members to disseminate posters, flyers and Inverness Lion's Club applications to our Partner Agencies	Eye Sight Chairperson Beth Rossman,Penny Wood,Tara Davidson,Lou Isley,Mike Isley,Project Manager Kim G. Rossman	Fri 4/9/21	Fri 4/23/21
Lion's Club Vision Committee members to train partner agencies how to complete the Vision Assistance Application.	Eye Sight Chairperson Beth Rossman,Penny Wood,Tara Davidson,Lou Isley,Mary Powers,Mike Isley,Project Manager Kim G. Rossman	Fri 4/9/21	Mon 4/12/21
Lion's Club Vision Committee members to inform Partnes Agency staff in the services the Inverness Lion's Club can offer to their clients.	Eye Sight Chairperson Beth Rossman,Penny Wood,Tara Davidson,Lou Isley,Mary Powers,Mike Isley,Project Manager Kim G. Rossman	Tue 4/13/21	Tue 4/13/21
Lion's Club Eye Sight Chariperson to disseminate our letter of services and application to the Chronical newspaper and other civic groups throughou the Countyand other civic groups.	Eye Sight Chairperson Beth Rossman	Fri 4/9/21	Mon 4/12/21
The Lion's Club Eye Sight Chairperson will work with the NASN and the Citrus County Schools to train four (4) additional nurses	Citrus County Schools - Pamela L. Carnevale,Eye Sight Chairperson Beth Rossman	Fri 4/9/21	Tue 4/13/21
The five additional nurses trained to use special eye examination equipment will be able to examine children in 16 additional schools in Citrus County	Citrus County Schools - Pamela L. Carnevale,Eye Sight Chairperson Beth Rossman	Wed 4/14/21	Wed 4/28/21
Completion of Advertising and Training Tasks	**Project Milestone**	Thu 4/29/21	Thu 4/29/21
Task 4- Expansion of the Number of Clients served in Citrus County	**Primary Task**	Fri 4/2/21	Thu 9/2/21
Lion's Club Vision Committee members repeat contact with other civic agencies in Citrus County	Eye Sight Chairperson Beth Rossman,Penny Wood,Tara Davidson,Lou Isley,Mary Powers,Mike Isley,Project Manager Kim G. Rossman	Fri 4/2/21	Thu 9/2/21
Contact with Partner Agencies and other Civic groups	CASA - Deborah Peterson,Citrus County Family Resource Center - Ginger West,Citrus County Schools - Pamela L. Carnevale,E-Nini-Hassee -Jo Lynn Smith,Eye Sight Chairperson Beth Rossman,Project Manager Kim G. Rossman ,The Pregnancy & Family Life Center - S...	Thu 7/1/21	Wed 7/28/21
Follow up to ensure that each client's vision needs are being addressed by the appropriate entity	Eye Sight Chairperson Beth Rossman,Project Manager Kim G. Rossman	Fri 4/2/21	Thu 9/2/21
Arrange for client transportation to an from eye care providers offices	Beth Rossman	Thu 7/29/21	Thu 7/29/21
Arrange and coordinate surgical intervention for clients	Beth Rossman	Thu 7/29/21	Thu 7/29/21

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Follow up with Churches and other civic organizations to ensure they are sending vision care client to us.	Eye Sight Chairperson Beth Rossman,Project Manager Kim G. Rossman	Wed 4/7/21	Wed 7/28/21
Eye Sight Chairperson determines the percent increase of clients at the end of six months.	Eye Sight Chairperson Beth Rossman	Wed 7/28/21	Wed 7/28/21
Completion of the Expansion of client's served task	Project Milestone	Fri 4/2/21	Fri 4/2/21
Task 5 - Increase the number of eye sight aids offered to Citrus County residents	**Primary Task**	Thu 1/28/21	Wed 7/28/21
Through the Sight First program Inverness Lion's Club members collect sunglasses and hard cases	All Inverness Lion's Club members,Inverness Lion's Club Board	Mon 8/2/21	Thu 7/28/22
The Inverness Lion's Club members clean and sort the eye glass cases and sunglasses	All Inverness Lion's Club members,Inverness Lion's Club Board	Tue 8/3/21	Thu 7/28/22
Inverness Lion's Club members disseminate the eye glass cases to our partner agencies to provide to their clients.	All Inverness Lion's Club members,Inverness Lion's Club Board	Tue 7/27/21	Thu 7/21/22
Completion of the Expansion of eye wear products provided to Citrus County residents	Project Milestone	Wed 7/28/21	Wed 7/28/21
Task 6 - Six Month Documentation	**Primary Task**	**Thu 7/29/21**	**Wed 8/4/21**
The Eye Sight Chairperson records number of additional clients served throughout the first six months of the program	Eye Sight Chairperson Beth Rossman	Thu 7/29/21	Mon 8/2/21
The Eye Sight Chairperson records number of additional service providers that have joined our program in the first six months	All Inverness Lion's Club members,Inverness Lion's Club Board	Thu 7/29/21	Mon 8/2/21
The Eye Sight Chairperson records the demographics of the population served within the last six months.	Mary Powers	Thu 7/29/21	Thu 7/29/21
The Project Manager creates the six month report for the CCCF Committee	Project Manager Kim G. Rossman	Tue 8/3/21	Tue 8/3/21
End of Six Months Documentation Tasks	**Project Milestone**	Wed 8/4/21	Wed 8/4/21
Task 7- Expansion of the Number of Clients served in Citrus County	**Primary Task**	Wed 8/4/21	Fri 1/28/22
Lion's Club Vision Committee members repeat contact with other civic agencies in Citrus County	Eye Sight Chairperson Beth Rossman,Penny Wood,Tara Davidson,Lou Isley,Mary Powers,Mike Isley,Project Manager Kim G. Rossman	Wed 8/4/21	Fri 1/28/22
Contact with Partner Agencies and other Civic groups	CASA - Deborah Peterson,Citrus County Family Resource Center - Ginger West,Citrus County Schools - Pamela L. Carnevale,E-Nini-Hassee -Jo Lynn Smith,Eye Sight Chairperson Beth Rossman,Project Manager Kim G. Rossman ,The Pregnancy & Family Life Center - S...	Thu 8/5/21	Fri 1/28/22
Arrange for client transportation to an from eye care providers offices	Beth Rossman	Thu 8/5/21	Fri 1/28/22
Arrange and coordinate surgical intervention for clients	Beth Rossman	Thu 8/5/21	Fri 1/28/22
Follow up to ensure that each client's vision needs are being addressed by the appropriate entity	Eye Sight Chairperson Beth Rossman,Project Manager Kim G. Rossman	Thu 8/5/21	Fri 1/28/22
Follow up with Churches and other civic organizations to ensure they are sending vision care client to us.	Eye Sight Chairperson Beth Rossman,Project Manager Kim G. Rossman	Thu 8/5/21	Fri 1/28/22
Eye Sight Chairperson determines the percent increase of clients	Eye Sight Chairperson Beth Rossman	Thu 1/27/22	Thu 1/27/22
Completion of the Expansion of client's served task	Project Milestone	Thu 1/27/22	Thu 1/27/22
Task 8 - Increase the number of eye sight aids offered to Citrus County residents	**Primary Task**	Fri 4/2/21	Wed 3/30/22
Through the Sight First program Inverness Lion's Club members collect sunglasses and hard cases	All Inverness Lion's Club members,Inverness Lion's Club Board	Fri 4/2/21	Wed 3/30/22
The Inverness Lion's Club members clean and sort the eye glass cases and sunglasses	All Inverness Lion's Club members,Inverness Lion's Club Board	Fri 4/2/21	Tue 3/29/22
Inverness Lion's Club members disseminate the eye glass cases to our partner agencies to provide to their clients.	All Inverness Lion's Club members,Inverness Lion's Club Board	Fri 4/2/21	Tue 3/29/22

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Completion of the Expansion of eye wear products provided to Citrus County residents	Project Milestone	Tue 3/29/22	Tue 3/29/22
Task 9 - Year End Documentation	**Primary Task**	Wed 3/30/22	Fri 4/1/22
The Eye Sight Chairperson records number of additional clients served throughout the first year of the program	Eye Sight Chairperson Beth Rossman	Wed 3/30/22	Thu 3/31/22
The Eye Sight Chairperson records the demographics of the population servied in the first year.	Eye Sight Chairperson Beth Rossman	Wed 3/30/22	Wed 3/30/22
The Project Manager creates the year one report for the BOCC Committee	Project Manager Kim G. Rossman	Fri 4/1/22	Fri 4/1/22
End of Yearly Documentation Tasks	**Project Milestone**	Fri 4/1/22	Fri 4/1/22
Year One Phase Completed	Phase Completion Milestone	Mon 4/4/22	Mon 4/4/22
Project Completion Milestone	**Project Completion Milestone**		

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

June 23, 2020 **Refer To: DTN3355556 CH32673**

THE INVERNESS LIONS CLUB FOUNDATION, INC.
PO BOX 295
INVERNESS, FL 34451-0295

RE: THE INVERNESS LIONS CLUB FOUNDATION, INC.
REGISTRATION#: CH32673 EXPIRATION DATE: July 12, 2021

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Effective July 1, 2013, qualified charitable organizations are exempt from the fee based registration if they meet the following criteria, but are still required to register annually using form FDACS-10110 which will be mailed to you approximately 35 days before the registration expiration date:

* The charitable organization or sponsor has less than $25,000 in total revenue during the preceding fiscal year.
* The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
* The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406. An annual registration is still required pursuant to s. 496.406(1)(d), Florida Statutes.

PLEASE NOTE: If you no longer meet one or more of the above listed qualifiers, you must submit a registration application using form FDACS-10100 with all required attachments and fees within 30 days of the qualifying change. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

Sincerely,

Cheryl Fralick
OPS Regulatory Consultant
850-410-3771
Fax: 850-410-3804
E-mail: cheryl.fralick@fdacs.gov

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Principal Officer:

Type of Name*
Person

Person Name*
Treasurer

Country*
US - United States

Number and Street (or PO Box)*
570 E Dakota Ct

City or Town*
Hernando

State*
FL - Florida

Zip Code*
34442

PREVIOUS | CANCEL FILING | SAVE FILING | SUBMIT FILING

IRS

Confirmation

Home | Security Profile | Logout

e-Postcard Profile | Select EIN | Organization Details | Contact Information | Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** INVERNESS LIONS FOUNDATION INC
- **EIN:** 020668972
- **Tax Year:** 2019
- **Tax Year Start Date:** 07-01-2019
- **Tax Year End Date:** 06-30-2020
- **Submission ID:** 10065520201843844316
- **Filing Status Date:** 07-02-2020
- **Filing Status:** Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

IRS

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** INVERNESS LIONS FOUNDATION INC
- **EIN:** 020668972
- **Tax Year:** 2018
- **Tax Year Start Date:** 07-01-2018
- **Tax Year End Date:** 06-30-2019
- **Submission ID:** 10065520192053082714
- **Filing Status Date:** 07-24-2019
- **Filing Status:** Pending

MANAGE FORM 990-N SUBMISSIONS

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.I

IRS

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** INVERNESS LIONS FOUNDATION INC
- **EIN:** 020668972
- **Tax Year:** 2017
- **Tax Year Start Date:** 07-01-2017
- **Tax Year End Date:** 06-30-2018
- **Submission ID:** 10065520181852180962
- **Filing Status Date:** 07-04-2018
- **Filing Status:** Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

IRS

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** INVERNESS LIONS FOUNDATION INC
- **EIN:** 020668972
- **Tax Year:** 2016
- **Tax Year Start Date:** 07-01-2016
- **Tax Year End Date:** 06-30-2017
- **Submission ID:** 10065520172621410326
- **Filing Status Date:** 09-19-2017
- **Filing Status:** Pending

MANAGE FORM 990-N SUBMISSIONS

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

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.
Inverness Lions Foundation Inc.

2 Business name/disregarded entity name, if different from above
Inverness Lions Foundation Inc.

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) ▶ C

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) 5

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.
130 Heights Ave

Requester's name and address (optional)

6 City, state, and ZIP code
Inverness, FL 34451

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.

Social security number
			–		–				

or

Employer identification number
0	2	–	0	6	6	8	9	7	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.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 2/25/2021

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.*

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.*

Attachment: 19 NPG1 Non-Profit Grant Packet- The Inverness Lions Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

Friends of the Community Center, Inc.

Application

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000022

Vikki Pietras - btrfly2rvs@aol.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 25 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Friends of the Community Centers, Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

Circle of Friends Gift Shop

Organization Business Address

Where do you conduct your business?

Central Citrus Community Center, 2804 W. Marc Knighton Ct, Lecanto, FL 34461

Mailing Address for Grant Check

Name

Friends of the Community Centers, Inc

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

Circle of Friends Gift Shop

Address

2804 W. Marc Knighton Ct

Address 2

(No response)

City

Lecanto

State

FL

ZIP

34461

Country

USA

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

btrfly2rvs@aol.com

Phone Number

(No response)

Business Website Address

(No response)

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

03-0436639

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

Profits from the gift shop are donated to the Meals On Wheels Program for home bound seniors.

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 5,000.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 7,254.46

Has this program previously received County grant funding?

Yes

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

Duke Energy Hurricane Grant

How many years has your organization served Citrus County?

11

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 25 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Friends of the Community Centers
Country: United States
Ein: 030436639
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 25 2021

W-9 signed

Filename: W-9_signed.jpg **Size:** 435.2 kB

Upload a State of Florida charitable organization registration

Completed - Feb 25 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

St of Fla Corp ID

Filename: St_of_Fla_Corp_ID_.pdf **Size:** 122.6 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 26 2021

990-N epostcard 2020

Filename: 990-N_epostcard_2020.pdf **Size:** 40.0 kB

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

990-N epostcard 2019

Filename: 990-N_epostcard_2019.pdf **Size:** 37.3 kB

990-EZ 2018

Filename: 990-EZ_2018.pdf **Size:** 1.3 MB

Upload Evaluation Criteria

Completed - Feb 25 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Evaluation Criteria

Filename: Evaluation_Criteria_sPiSSO3.docx **Size:** 15.1 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Victoria Pietras

Applicant Title

Treasurer

Date

Feb 25 2021

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Evaluation Criteria

We operate a gift shop, which is located inside the Central Citrus Resource Center, 2804 W. Marc Knighton Ct, Lecanto. It is the only location we have. Every year we donate our profits to the Meals on Wheels Program to help seniors in our county. The impact of serving more seniors would mean more seniors would have a healthy meal every day and less would go hungry.

We intend to donate the grant money we receive to the Meals On Wheels Program. This program supplies meals to home bound seniors that have no transportation to go shopping. They are provided one balanced meal each day. The food distribution would be handled by the Senior Care Services Department of Citrus County, who runs the Meals on Wheels Program. This money would help the program provide food to more seniors that would otherwise go hungry. We do not know the number of citizens that it would help as we don't have access to that information. We do not know how many seniors it would help because it depends on the price of each meal supplied, and again, we don't have access t o that information. W

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

State of Florida
Department of State

I certify from the records of this office that FRIENDS OF THE COMMUNITY CENTERS, INC. is a corporation organized under the laws of the State of Florida, filed on July 22, 2002.

The document number of this corporation is N02000005668.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on March 11, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eleventh day of March, 2019

Secretary of State

Tracking Number: 2660823857CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2018

Open to Public Inspection

A For the 2018 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
Friends of the Community Centers

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
2804 W Marc Knighton Ct

City or town, state or province, country, and ZIP or foreign postal code
Lecanto, FL 34461

D Employer identification number
03-0436639

E Telephone number
(352) 513-4007

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 14,103.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	5,251.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	272.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	8,580.	
	b	Less: cost of goods sold	7b	3,480.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	5,100.
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	10,623.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	350.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	125.
	16	Other expenses (describe in Schedule O)		16	6,104.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	6,579.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,044.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	24,788.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	28,832.

For Paperwork Reduction Act Notice, see the separate instructions.
UYA

Form **990-EZ** (2018)

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	17,822.	22	19,157.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O)	6,966.	24	9,675.
25	**Total assets**	24,788.	25	28,832.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	24,788.	27	28,832.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? Raise funds and promote public relations

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Donate funds to community centers throughout Citrus County providing multiple services to the community

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 6,007.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 6,007.

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
Susan Bell President				
Mary Laughlin Secretary				
Kathy Kovanda Co-Treasurer				
Marie Jakobsen Co-Treasurer				

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Marie Jakobsen Telephone no. ▶ (352) 513-4007 Located at ▶ 2804 W Marc Knighton Ct Lecanto, FL ZIP + 4 ▶ 34461			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . . ▶ 0

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 . . . . . ▶ 0

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations must attach a completed Schedule A. . . . . ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Marie Jakobsen, Co-Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
William M Kaser	William M Kaser	05/06/2019		P01209186

Firm's name ▶ William M. Kaser, CPA, P.A. — Firm's EIN ▶ 47-1126677

Firm's address ▶ 5610 Gulf of Mexico Dr Ste 1-A, Longboat Key, FL 34228 — Phone no. (941) 888-0063

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Friends of the Community Centers

Employer identification number

03-0436639

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

UYA

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,476.	938.	500.	3,043.	5,523.	12,480.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,476.	938.	500.	3,043.	5,523.	12,480.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support. Subtract line 5 from line 4.**						12,480.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,476.	938.	500.	3,043.	5,523.	12,480.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						12,480.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15	Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00%

16a **33 1/3 % support test–2018.** 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–2017.** 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–2018.** 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–2017.** 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 ▶ ☐

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support test–2018.** 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 test–2017.** 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 ▶ ☐

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****):*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 **Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,** see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instr.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h** and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Friends of the Community Centers

Employer identification number

03-0436639

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: Friends of the Community Centers

Employer identification number: 03-0436639

Part I Line 16
Other office expenses $6043.00
Part I Line 16
Licenses $61.00
Part II Line 24
Inventories for sale or use. Beginning:$6966.00 Ending: $9675.00

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990-N**

Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

OMB No. 1545-2085

2019

Open to Public Inspection

A For the **2019** Calendar year, or tax year beginning **2019-01-01** and ending **2019-12-31**

B Check if available
- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **FRIENDS OF THE COMMUNITY CENTERS**
2804 W Marc Knighton Ct,
Lecanto, FL, US, 34461

D Employee Identification Number **03-0436639**

E Website:

F Name of Principal Officer: **Victoria Pietras**
2804 W Marc Knighton Ct,
Lecanto, FL, US, 34461

Information Copy. Do not send to IRS.

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990-N**

Electronic Notice (e-Postcard)

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

OMB No. 1545-2085

2020

Open to Public Inspection

A For the **2020** Calendar year, or tax year beginning **2020-01-01** and ending **2020-12-31**

B Check if available
- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **FRIENDS OF THE COMMUNITY CENTERS**
2804 W Marc Knighton Ct,
Lecanto, FL, US, 34461

D Employee Identification Number **03-0436639**

E Website:

F Name of Principal Officer: **Victoria Pietras**
2804 W Marc Knighton Ct,
Lecanto, FL, US, 34461

Information Copy Do not send to IRS

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

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Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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.
FRIENDS of the Community CENTERS, INC.

2 Business name/disregarded entity name, if different from above
Circle of Friends Gift Shop

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. 501(C)(3)

☑ Other (see instructions) ▶ NON-Profit Corp Exempt under IRS Code Sect.

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.
2804 W. MARC KNIGHTON Ct.

Requester's name and address (optional)

6 City, state, and ZIP code
LECANTO, FL 34461

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.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
0 3 - 0 4 3 6 6 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 ▶ Victoria Fietes Date ▶ 2-19-21

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*.

- 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)

Attachment: 22 NPG1 Non-Profit Grant Packet- Friends of the Community Centers, Inc (12603 : The Citrus

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Non-Profit Grant

Nature Coast Emergency Medical Foundation, Inc.

Application

Application: NPG1-0000000023

Scott Baxter - scott.baxter@naturecoastems.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 24 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Nature Coast Emergency Medical Foundation Inc

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

Nature Coast EMS

Organization Business Address

Where do you conduct your business?

3876 W. Country Hill Dr
Lecanto, FL 34461

Mailing Address for Grant Check

Name

Nature Coast EMS

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Company

Nature Coast EMS

Address

3876 W. Country Hill Dr

Address 2

(No response)

City

Lecanto

State

FL

ZIP

34461

Country

United States

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Email Address

Optional but recommended for ease of followup.

Scott.Baxter@naturecoastems.org

Phone Number

352-496-0016

Business Website Address

https://naturecoastems.org/

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

65-1021027

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

Citrus County's Exclusive, Non-Profit Advanced Life Support Emergency Responder Since 2000.
Providing BLS and ALS first response and ambulance transport services for all residents in Citrus County.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 100,000

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 100,000

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

NA

How many years has your organization served Citrus County?

20

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 23 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Nature Coast Emergency Medical Foundation Inc.
Country: United States
Ein: 651021027
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 24 2021

DOC022421-02242021110010

Filename: DOC022421-02242021110010.pdf **Size:** 682.3 kB

Upload a State of Florida charitable organization registration

Completed - Feb 26 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

State of FLorida Dept of Ag license

License shows expired. On 2/22/21 I renewed the application and received an email confirmation "Your changes should be made effective within 48 to 72 hours" As of , 2/26/21 still showing pending. Spoke to Dept of Ag stated processing ,but delayed COVID.

Filename: State_of_FLorida_Dept_of_Ag_license.pdf **Size:** 83.6 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 23 2021

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

2017

Filename: 2017.09_FYE__2016_Form_990.pdf **Size:** 194.4 kB

2018

Filename: 2018.09_FYE__2017_Form_990.pdf **Size:** 192.7 kB

2018 Form 990

Filename: 2018_Form_990.pdf **Size:** 615.5 kB

Upload Evaluation Criteria

Completed - Feb 26 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Cares Grant Final Edits 2

Filename: Cares_Grant_Final_Edits_2.26.21.docx **Size:** 27.2 kB

Upload optional presentation

Completed - Feb 26 2021

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Presentation

Filename: Presentation.pptx **Size:** 158.5 kB

Fill out a form

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Completed - Feb 26 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program’s expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Scott Baxter

Applicant Title

EMS Chief/CEO

Date

Feb 26 2021

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Signature



Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

CITRUS COUNTY NONPROFIT GRANT PROGRAM

NATURE COAST EMS

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical

OVERVIEW

NCEMS is seeking $100,000 from the Citrus County Nonprofit Grant Program to help to assist Citrus County residents who are economically disadvantaged to offset ambulance costs. Funds will also allow us to expand participation in countywide vaccinations to include individuals who are unable to leave their house.

This will provide the following benefits to the residents of Citrus County:

- Ease life for those already struggling with loss of income due to the pandemic
- Ensure NCEMS will continue to be there for those in need
- Improve availability of the COVID-19 vaccine

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical

PROBLEM

Residents of Citrus County face numerous challenges due to uninsured population of 10.4% and poverty rate of 16.7% compared to 12.7% throughout Florida.

- Current factors show an average of 19.1% for FY 2020 of patients who are uninsured, an increase from 15.4% in FY 2019
- Collection rate for "Bill Patient" down from 14% FY 2016 – 2019 to 2% FY 2020

Funds from this grant will assist Citrus County residents who are economically disadvantaged, underinsured or not insured. This will include persons whose income is no more than 300% of the federal poverty guidelines as outlined by HHS or who otherwise are unable to pay their ambulance bill due to hardship.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical

PROBLEM

Homebound senior citizens in Citrus County who are no longer able to leave their homes face challenges receiving the COVID-19 vaccine. "Homebound" is defined as being unable to leave the home without assistance (citrusbocc.com).

Expand NCEMS participation in vaccination clinics to include home-bound vaccinations.

- NCEMS would employ paramedics who are trained to store, handle and administer vaccines to include home-bound vaccinations.

This would positively impact residents who are sick, injured or otherwise unable to leave their homes.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical

CONCLUSION

If approved, the funds will help NCEMS decrease the financial burden on the uninsured and those in poverty while improving the county's ability to "prevent, prepare for, and respond to coronavirus."

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical

The Nature Coast Emergency Medical Foundation, Inc., a non-profit corporation doing business as Nature Coast EMS (NCEMS), is seeking $100,000 from the Citrus County Nonprofit Grant Program to help those Citrus County residents who are economically disadvantaged to offset ambulance costs. In addition, requested funds would enable NCEMS to expand participation in countywide COVID-19 vaccinations to include individuals who are unable to leave their house. The funds from this grant will only be used in conjunction with the project as detailed below.

If approved, the funding will assist uninsured and underinsured citizens of Citrus County with ambulance bills. This will ease life for those already struggling with loss of income due to the pandemic and insure NCEMS will continue to be there for those in need. Furthermore, the funds will help NCEMS expand its service delivery capability, offset increased payroll expenses and lost revenue improving its ability to "prevent, prepare for, and respond to coronavirus" and improve availability of the vaccine.

Citrus County has an uninsured population of 10.4% and poverty rate of 16.7% compared to a poverty rate of 12.7% throughout Florida. Patients served by Nature Coast EMS face a greater challenge than many counties in Florida due to these metrics. Nature Coast EMS writes-off 22-25% of gross charges it bills due to underinsurance or no insurance per year which is comparable with other agencies nationwide.

Looking at historical data, NCEMS has a net collection of 14% from "Bill Patient" from FY 2016 - 2019. During the first four months of FY 2020, NCEMS has a net collection from "Bill Patient" of 2%. We attribute the significant decrease in net collections for self-pay patients to the increase in uninsured and poverty rate here in Citrus County. Current factors show an average of 19.1% for FY 2020 of patients who are uninsured. This is an increase 15.4% in FY 2019. This does not include changes in disposable income for the average patient due to loss of job, change in job and other economic factors, directly related to the pandemic.

Funds from this grant will assist Citrus County residents who are economically disadvantaged, underinsured or not insured to offset ambulance costs. In determining eligibility, we propose to include persons whose income is no more than 300% of the federal poverty guidelines as outlined by HHS or who otherwise are unable to pay their ambulance bill due to hardship.

With our recent involvement in county vaccine clinics, we would like to expand support to provide vaccinations, including some residents that are homebound and might not otherwise be able travel to be vaccinated. According to an article on the Centers for Disease Control website, "COVID-19 vaccination of homebound persons presents unique challenges to ensure the appropriate vaccine storage temperatures, handling, and administration to ensure safe and effective vaccination. Homebound persons include those that need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their medical provider believes that their health or illness could get worse if they leave their home, and they typically do not leave their home." (cdc.gov).

A similar program was recently initiated in Venice, Florid. NCEMS anticipates utilizing off-duty paramedics and area firefighter paramedics to administer vaccines onsite or, as necessary, to qualified non-ambulatory residents in their homes. According to a recent article on ABC WWSB, Venice EMS Division Chief Nathan McManus states, "We're going around to people's homes and giving them vaccines to those who are homebound," (ABC WWSB). This would positively impact those who are sick,

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

injured or otherwise unable to leave their homes. “Linda has cancer and getting her to a vaccination site was out of the question. The couple called the Venice Fire Department for help, thanks to a new program” (ABC WWSB).

The spending principles for these funds are driven by the language in the CARES Act:

- To prevent, prepare for, and respond to COVID-19.

To achieve these purposes, the funding will be used as follows:

- To help offset the increased financial burden caused by federally mandated COVID-19 write-offs.
- To help offset additional payroll expenses related to ambulance operating costs of EMTs and paramedics who are on the frontlines of COVID-19.
- Expand NCEMS participation in vaccination clinics to include home-bound vaccinations for at risk non-ambulatory citizens. NCEMS’s expanded involvement for this component is based upon the expense for this project element not exceeding 25% of the total grant funding available. NCEMS could only accomplish this component based upon the availability of personnel.

The requested amount of $100,000 for the Citrus County Nonprofit Grant Program would help absorb costs related to COVID-19 including:

- Collections are down due to the increased uninsured rate and increased poverty rate. The rates of both in Citrus County are significantly higher than other counties in Florida. Due to the nature of EMS collections, which is not comparable to other areas of healthcare, the full negative impact of the pandemic on collected net revenue will not be seen for an extended period of time. NCEMS is, however, already feeling the impact of reduced collection of uninsured and underinsured (for copayment, deductible and after-insurance-payment patient responsibility balances). The trend is not expected to improve until economic and employment factors recover in Citrus County. Additionally, transport volumes for the current fiscal year have increased, although net collections have not kept pace. Our analysis indicates a direct correlation which is forecasted to last through the (unknown) end of the pandemic and will impact operations far into the future.
- Payroll is expected to be overbudget due to participation of vaccine clinics, staff out with COVID, medical supplies, setting up vaccine clinics and other associated costs. Cost is under review depending on availability of staff, need for additional staff, cost of medical supplies and other costs pertaining to this project. The amount of availability of funds would be contingent on the outcome of this grant proposal.

1. Citrus County Service Location Sites

Nature Coast EMS Foundation Inc. is a 501(C)(3) and meets all requirements of this grant.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NCEMS deploys ALS ambulances from a central location in Lecanto and from stations throughout the county located in areas of a higher population density. It currently deploys from stations located in Inverness, Beverly Hills, Crystal River, Homosassa, Citrus Springs, Floral City, and Sugar Mill Woods 24/7 while deploying from lower density areas including Hernando and Lecanto during peak times of the day.

This ambulance deployment is consistent with the Business Plan approved by the Board of County Commissioners (BOCC) in October 2020. Consistent with what was approved, NCEMS is increasing its staffing to deploy 15 ALS ambulances daily servicing all areas throughout Citrus County, rural and suburban. This will help provide needed coverage, greatly improving the standard of care for all residents.

To make sure NCEMS continues to meet the standard of care while offsetting the impacts of COVID-19, citizens within the community would benefit greatly from the approval of this grant.

2. Service Delivery Options

Currently, Nature Coast EMS is adding ALS ambulances on the road to better meet the increasing needs of its community. While the idea of adding ambulances into the deployment was approved before the full impact of COVID-19 was known, financially NCEMS has been negatively impacted by the effects of the pandemic making these additions more challenging.

4. Past Performance

NCEMS is the sole Advanced Life Support transport service in Citrus County, Florida. From 1/1/2020 to 12/31/2020, the agency responded to 25,938 calls for service and has seen a steady rise in ambulance requests since its inception in 2000. This trend is expected to continue.

Since 2000, NCEMS has been the only ambulance provider in Citrus County, Florida. The delivery model does not discriminate level of service based on a patient's ability to pay for services rendered. In short, when an individual calls 911 for medical services, NCEMS responds, provides advanced medical care, and transports the patient to the most appropriate hospital regardless of the individual's ability to pay.

According to information from the Centers for Disease Control and Prevention (CDC) obtained on covid.cdc.gov/covid-data-tracker, the patient demographics in Citrus County includes an uninsured population of 10.4% and a poverty rate of 16.7% which is far above the 2019 Florida poverty rate of 12.7%.

This presents a challenge for Nature Coast EMS which has been affected by COVID-19. ZOLL states, "with more people unemployed during the pandemic, most agencies will have more Medicaid and self-pay claims" (2020, ZOLL).

Statistics obtained relative to the unemployment rate in Citrus County pre- and mid-COVID-19 show rates as follows:

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

- 4.1% December 2019
- 14.9% April 2020
- 6.6% December 2020

Nature Coast EMS has helped administer vaccines on six different occasions at the Citrus Springs Community Center. We would like to expand our role in countywide vaccines to include vaccinating those who are homebound.

The above statistics would suggest that COVID-19 has greatly impacted the unemployment rate which inevitably increases the number of patients who are unable to pay their ambulance bills. Funding from this grant will help Nature Coast EMS recuperate lost revenue, help offset increased operating costs in 2021 directly related to the pandemic and expand countywide vaccinations to include homebound residents.

5. Potential Impact Covering all Local Citrus County Communities

Nature Coast EMS services the entire geographic area of Citrus County, Florida as the sole EMS provider. Citrus County is in central Florida, south of Levy County and north of Hernando County. The county encompasses 773.15 square miles.

According to statistics from the United States Census Bureau (census.gov) for 2020, Citrus County had a population of 151,632 and had seen a growth of 1.32% over 2019. The county has seen a 6% increase since 2010 and is expected to see a similar growth pattern in the coming years.

NCEMS provided service to all residents and communities within Citrus County, irrespective of ability to pay including insured, under-insured or non-insured residents and visitors. Funding from this grant program will help NCEMS continue to improve its standard of care which will directly and positively impact all citizens of Citrus County.

6. Deployment of Services

Upon approval, the funds will be used as outlined above within a few months. In addition, receipts of eligible grant expenses will be remitted to Citrus County within six months of the grant award.

7. Data Sources

1. ABC WWSB. (2021). Venice Paramedics Providing COVID-19 Vaccines for Homebound Residents. https://www.mysuncoast.com/2021/02/25/venice-paramedics-ems-provide-covid-vaccines-homebound-residents/

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

2. Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html
3. Centers for Disease Control and Prevention. https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#county-view
4. Florida Department of Health, Office of Vital Statistics
5. FRED Economic Data. https://fred.stlouisfed.org/series/FLCITR5URN
6. The Balance. https://www.thebalance.com/federal-poverty-level-definition-guidelines-chart-3305843
7. Statista Research Department https://www.statista.com/statistics/205451/poverty-rate-in-florida/
8. United States Census Bureau. https://www.census.gov/quickfacts/citruscountyflorida
9. Urban Institute. https://www.urban.org/sites/default/files/publication/102521/2020-poverty-projections.pdf
10. ZOLL. (2020). https://www.zolldata.com/blog/ems-billing-in-the-covid-19-environment

8. Statement Not Duplicated

This proposal is not a duplication of any previous grant submitted by Nature Coast Emergency Medical Foundation Inc.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

FIND A BUSINESS OR INDIVIDUAL
License / Complaint Lookup
*AS MAINTAINED BY THE DIVISION OF CONSUMER SERVICES

NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.
3876 W COUNTRY HILL DR, LECANTO, FL 34461-9830
Phone 352-249-4705

Complaints 0
Details
Print

License Type	License#	Issued	Expires	Status
Charitable Organization	CH12174	01/10/01	01/10/19	Not Soliciting

DBA/Other Names
Nature Coast Ems

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning OCT 1 , 2016, and ending SEP 30 , 20 17

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at** *www.irs.gov/form8879eo.*

OMB No. 1545-1878

2016

Name of exempt organization

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Employer identification number

65-1021027

Name and title of officer

MICHAEL HALL
PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	10,040,387.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WARDLOW & CASH, P.A. to enter my PIN 21027

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

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. 59938965102

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09/06/19

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning OCT 1, 2016 , and ending SEP 30, 2017 .

▶ **Information about Form 990-T and its instructions is available at** *www.irs.gov/form990t.*

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0687

2016

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

D Employer identification number (Employees' trust, see instructions.)
65-1021027

Number, street, and room or suite no. If a P.O. box, see instructions.
3876 WEST COUNTRY HILL DRIVE

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
LECANTO, FL 34461

621910

C Book value of all assets at end of year
5,665,995.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ AMBULANCE SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MICHAEL HALL, EXECUTIVE DIRECTOR Telephone number ▶ 352-637-4121

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,203,244. b Less returns and allowances c Balance ▶	1c	1,203,244.		
2	Cost of goods sold (Schedule A, line 7)	2	1,068,982.		
3	Gross profit. Subtract line 2 from line 1c	3	134,262.		134,262.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	134,262.		134,262.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	144,094.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	144,094.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	144,094.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-9,832.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-9,832.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-9,832.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2015 overpayment credited to 2016	45a			
b	2016 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	0.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	0.
50	Enter the amount of line 49 you want: **Credited to 2017 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2016 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 ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ PRESIDENT/CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
ROBERT C. WARDLOW III		09/06/19		P00168703

Firm's name ▶ WARDLOW & CASH, P.A. Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452 Phone no. (352) 726-8130

Form **990-T** (2016)

623711 01-18-17

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(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)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Form **990-T** (2016)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Florida Corporate Income/Franchise Tax Return

FEIN 65-1021027

For calendar year 2016 or tax year beginning OCT 1, 2016 ending SEP 30, 2017

F-1120, R. 01/17 **1019**
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

873302017093000020050379365102102700003

Name NATURE COAST EMERGENCY MEDICAL FOUNDATIO
Address 3876 WEST COUNTRY HILL DRIVE
City/State/ZIP LECANTO, FL 34461

☐ 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**	Check here if negative	X	-9,832.00
2.	State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative		
3.	Additions to federal taxable income (from Schedule I)	Check here if negative		
4.	Total of Lines 1, 2 and 3	Check here if negative	X	-9,832.00
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative		
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative	X	-9,832.00
7.	Florida portion of adjusted federal income (see instructions)	Check here if negative	X	-9,832.00
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative		
9.	**Florida exemption**			0.00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)			0.00
11.	Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI)			0.00
12.	Credits against the tax (from Schedule V)			
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)			0.00
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. If the amount is negative (overpayment), enter on Line 18 and/or Line 19			0.00
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			

644081 10-06-16

Florida Corporate Income Tax Return

1019
F-1120
R. 01/17

Do Not Detach YEAR ENDING 09/30/17

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name NATURE COAST EMERGENCY MEDICA
Address 3876 WEST COUNTRY HILL DRIVE
City/State/ZIP LECANTO, FL 34461

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.

651021027	0	0	0
20161001	0	0	0
20170930	-983200	0	0
00000000	0.000000	0	0
012	0	0	0
202	0	0	0
-983200	0	0	0
0	0	0	0

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

1019
F-1120
R. 01/17

NATURE COAST EMERGENCY MEDICAL FOUND

FEIN 65-1021027 09/30/17

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.

Sign here	Signature of officer (must be an original signature) Date	Title ▶ PRESIDENT/CEO	
Paid preparers only	Preparer's signature ▶ Date 09/06/19	Preparer check if self-employed ☐	Preparer's PTIN ▶ P00168703
	Firm's name (or yours if self-employed) and address ▶ WARDLOW & CASH, P.A. 450 PLEASANT GROVE ROAD INVERNESS, FL	FEIN ▶ 59-1638720 ZIP ▶ 34452	

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation:

B. Florida Secretary of State document number:

C. Florida consolidated return? YES ☐ NO ☒

D. ☐ Initial return ☐ Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) ☒ General Rule
☐ Election A ☐ Election B

F. Principal Business Activity Code (as pertains to Florida)

621910

G. A Florida extension of time was timely filed? YES ☐ NO ☒

H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:
FEIN from federal consolidated return:
Name of corporation:

H-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒

I. Location of corporate books:
3876 WEST COUNTRY HILL DR
City, State, ZIP: LECANTO, FL 34461

J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒

K. Enter date of latest IRS audit:
a) List years examined:

L. Contact person concerning this return: MICHAEL HALL
a) Contact person telephone number:
b) Contact person e-mail address:

M. Type of federal return filed ☐ 1120 ☐ 1120S or 990-T

T

L

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.**

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/17

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. s. 168(k) IRC special bonus depreciation	19.	19.
20. Other additions (attach schedule)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	21.	21.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income $ _____ (b) plus s. 862, IRC dividends $ _____ (c) less direct and indirect expenses $ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income $ _____ (b) less direct and indirect expenses $ _____ Total ▶	2.	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.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/17

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(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.					1.000000

III-B For use in computing average value of property (use original cost).	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. _____

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])		

III-D Special Apportionment Fractions (see instructions)	(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			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/17

Schedule V - Credits Against the Corporate Income/Franchise Tax

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.	Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9.	Hazardous waste facility tax credit	9.
10.	Florida alternative minimum tax (AMT) credit	10.
11.	Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12.	State housing tax credit (attach certification letter)	12.
13.	Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14.	Florida renewable energy technologies investment tax credit	14.
15.	Florida renewable energy production tax credit	15.
16.	New markets tax credit	16.
17.	Entertainment industry tax credit	17.
18.	Credits for spaceflight projects	18.
19.	Research and Development tax credit	19.
20.	Energy Economic Zone tax credit	20.
21.	Other credits (attach schedule)	21.
22.	Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

1.	Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2.	State income taxes deducted in computing federal taxable income (attach schedule)	2.
3.	Additions to federal taxable income (from Schedule I, Column [b])	3.
4.	Total of Lines 1 through 3	4.
5.	Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6.	Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7.	Florida portion of adjusted federal income (see instructions)	7.
8.	Nonbusiness income allocated to Florida (see instructions)	8.
9.	Florida exemption	9.
10.	Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11.	Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/17

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount

Total allocated to Florida ..... 1.

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount

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)

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2017

1. Florida income expected in taxable year ..... 1. $ -9,832.00
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 ..... $ 4. $
   * Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.
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. $

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

1019
F-1120
R. 01/17

FEIN 65-1021027

DATA Page 1

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Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

FEIN 65-1021027

DATA Page 2

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Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning OCT 1, 2016 , and ending SEP 30, 2017 .

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2016

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Number, street, and room or suite no. If a P.O. box, see instructions.
3876 WEST COUNTRY HILL DRIVE

City or town, state or province, country, and ZIP or foreign postal code
LECANTO, FL 34461

D Employer identification number (Employees' trust, see instructions.)
65-1021027

E Unrelated business activity codes (See instructions.)
621910

C Book value of all assets at end of year
5,665,995.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ AMBULANCE SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MICHAEL HALL, EXECUTIVE DIRECTOR Telephone number ▶ 352-637-4121

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,203,244.				
b	Less returns and allowances c Balance ▶	1c	1,203,244.		
2	Cost of goods sold (Schedule A, line 7)	2	1,068,982.		
3	Gross profit. Subtract line 2 from line 1c	3	134,262.		134,262.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	134,262.		134,262.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	144,094.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	144,094.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	144,094.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-9,832.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-9,832.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-9,832.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2015 overpayment credited to 2016	45a			
b	2016 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	0.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	0.
50	Enter the amount of line 49 you want: **Credited to 2017 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2016 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 ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ PRESIDENT/CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
ROBERT C. WARDLOW III		09/06/19		P00168703

Firm's name ▶ WARDLOW & CASH, P.A. Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452 Phone no. (352) 726-8130

Form **990-T** (2016)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(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)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Form **990-T** (2016)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning OCT 1 , 2017, and ending SEP 30 , 20 18

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2017

Name of exempt organization

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Employer identification number

65-1021027

Name and title of officer

MICHAEL HALL
PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	10,816,439.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WARDLOW & CASH, P.A. to enter my PIN 21027

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59938965102

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09/06/19

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

▶ Go to 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).

OMB No. 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

D Employer identification number (Employees' trust, see instructions.)
65-1021027

Number, street, and room or suite no. If a P.O. box, see instructions.
3876 WEST COUNTRY HILL DRIVE

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
LECANTO, FL 34461

621910

C Book value of all assets at end of year
6,699,137.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ AMBULANCE SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MICHAEL HALL, EXECUTIVE DIRECTOR Telephone number ▶ 352-637-4121

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 744,588. b Less returns and allowances c Balance ▶	1c	744,588.		
2	Cost of goods sold (Schedule A, line 7)	2	839,029.		
3	Gross profit. Subtract line 2 from line 1c	3	-94,441.		-94,441.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	-94,441.		-94,441.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-94,441.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-94,441.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-94,441.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	0.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	0.
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 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 ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ PRESIDENT/CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
ROBERT C. WARDLOW III		09/06/19		P00168703

Firm's name ▶ WARDLOW & CASH, P.A. Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452 Phone no. (352) 726-8130

Form **990-T** (2017)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(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)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Form **990-T** (2017)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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STATE COPY

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Florida Corporate Income/Franchise Tax Return

FEIN 65-1021027

For calendar year 2017 or tax year beginning OCT 1 , 2017 ending SEP 30, 2018

F-1120, R. 01/17 **1019**
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

8833020180930000200503723651021027000003

Name NATURE COAST EMERGENCY MEDICAL FOUNDATIO
Address 3876 WEST COUNTRY HILL DRIVE
City/State/ZIP LECANTO, FL 34461

☐ 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**	Check here if negative X	-94,441.00
2.	State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative ___	
3.	Additions to federal taxable income (from Schedule I)	Check here if negative ___	
4.	Total of Lines 1, 2 and 3	Check here if negative X	-94,441.00
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative ___	
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative X	-94,441.00
7.	Florida portion of adjusted federal income (see instructions)	Check here if negative X	-94,441.00
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative ___	
9.	**Florida exemption**		0.00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)		0.00
11.	Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI)		0.00
12.	Credits against the tax (from Schedule V)		
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)		0.00
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. If the amount is negative (overpayment), enter on Line 18 and/or Line 19		0.00
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		

744081 10-11-17

Florida Corporate Income Tax Return

1019
F-1120
R. 01/17

Do Not Detach YEAR ENDING 09/30/18

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name NATURE COAST EMERGENCY MEDICA
Address 3876 WEST COUNTRY HILL DRIVE
City/State/ZIP LECANTO, FL 34461

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.

651021027	0	0	0
20171001	0	0	0
20180930	-9444100	0	0
00000000	0.000000	0	0
012	0	0	0
202	0	0	0
-9444100	0	0	0
0	0	0	0

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

1019
F-1120
R. 01/17

NATURE COAST EMERGENCY MEDICAL FOUND

FEIN 65-1021027 09/30/18

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.

Sign here	Signature of officer (must be an original signature) Date	Title ▶ PRESIDENT/CEO	
Paid preparers only	Preparer's signature ▶ Date 09/06/19	Preparer check if self-employed ☐	Preparer's PTIN ▶ P00168703
	Firm's name (or yours if self-employed) and address ▶ WARDLOW & CASH, P.A. 450 PLEASANT GROVE ROAD INVERNESS, FL	FEIN ▶ 59-1638720 ZIP ▶ 34452	

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation:

B. Florida Secretary of State document number:

C. Florida consolidated return? YES ☐ NO ☒

D. ☐ Initial return ☐ Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) ☒ General Rule
☐ Election A ☐ Election B

F. Principal Business Activity Code (as pertains to Florida)

621910

G. A Florida extension of time was timely filed? YES ☐ NO ☒

H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:
FEIN from federal consolidated return:
Name of corporation:

H-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒

I. Location of corporate books:
3876 WEST COUNTRY HILL DR
City, State, ZIP: LECANTO, FL 34461

J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒

K. Enter date of latest IRS audit:
a) List years examined:

L. Contact person concerning this return: MICHAEL HALL
a) Contact person telephone number:
b) Contact person e-mail address:

M. Type of federal return filed ☐ 1120 ☐ 1120S or 990-T

T

L

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.**

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/18

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. s. 168(k) IRC special bonus depreciation	19.	19.
20. Other additions (attach schedule)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	21.	21.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income $ _____ (b) plus s. 862, IRC dividends $ _____ (c) less direct and indirect expenses $ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income $ _____ (b) less direct and indirect expenses $ _____ Total ▶	2.	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.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/18

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(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.					1.000000

III-B For use in computing average value of property (use original cost).	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. _____

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])		

III-D Special Apportionment Fractions (see instructions)	(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			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/18

Schedule V - Credits Against the Corporate Income/Franchise Tax

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.	Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9.	Hazardous waste facility tax credit	9.
10.	Florida alternative minimum tax (AMT) credit	10.
11.	Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12.	State housing tax credit (attach certification letter)	12.
13.	Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14.	Florida renewable energy technologies investment tax credit	14.
15.	Florida renewable energy production tax credit	15.
16.	New markets tax credit	16.
17.	Entertainment industry tax credit	17.
18.	Credits for spaceflight projects	18.
19.	Research and Development tax credit	19.
20.	Energy Economic Zone tax credit	20.
21.	Other credits (attach schedule)	21.
22.	Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

1.	Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2.	State income taxes deducted in computing federal taxable income (attach schedule)	2.
3.	Additions to federal taxable income (from Schedule I, Column [b])	3.
4.	Total of Lines 1 through 3	4.
5.	Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6.	Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7.	Florida portion of adjusted federal income (see instructions)	7.
8.	Nonbusiness income allocated to Florida (see instructions)	8.
9.	Florida exemption	9.
10.	Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11.	Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/18

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount

Total allocated to Florida ..... 1.

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount

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)

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2018

1. Florida income expected in taxable year ..... 1. $ -94,441.00
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 ..... $ 4. $
   * Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.
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. $

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

FEIN 65-1021027

DATA Page 1

651021027	0	0	0
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Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

1019
F-1120
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FEIN 65-1021027

DATA Page 2

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Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

▶ Go to 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).

OMB No. 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

D Employer identification number (Employees' trust, see instructions.)
65-1021027

Number, street, and room or suite no. If a P.O. box, see instructions.
3876 WEST COUNTRY HILL DRIVE

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
LECANTO, FL 34461

621910

C Book value of all assets at end of year 6,699,137.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ AMBULANCE SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MICHAEL HALL, EXECUTIVE DIRECTOR Telephone number ▶ 352-637-4121

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 744,588. b Less returns and allowances c Balance ▶	1c	744,588.		
2	Cost of goods sold (Schedule A, line 7)	2	839,029.		
3	Gross profit. Subtract line 2 from line 1c	3	-94,441.		-94,441.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	-94,441.		-94,441.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-94,441.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-94,441.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-94,441.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	0.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	0.
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 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 ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ PRESIDENT/CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
ROBERT C. WARDLOW III		09/06/19		P00168703

Firm's name ▶ WARDLOW & CASH, P.A. Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452 Phone no. (352) 726-8130

Form **990-T** (2017)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(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)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Form **990-T** (2017)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

NATURE COAST EMERGENCY MEDICAL FOUNDATIO
3876 WEST COUNTRY HILL DRIVE
LECANTO, FL 34461

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2019

Name	Employer Identification Number
NATURE COAST EMERGENCY MEDICAL FOUNDATIO	65-1021027

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL SECTION 382 NET OPERATING LOSS	104,273.
FL SECTION 382 NET OPERATING LOSS	104,273.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2019

PREPARED FOR:

NATURE COAST EMERGENCY MEDICAL FOUNDATIO
3876 WEST COUNTRY HILL DRIVE
LECANTO, FL 34461

PREPARED BY:

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
SEPTEMBER 30, 2019

PREPARED FOR:

NATURE COAST EMERGENCY MEDICAL FOUNDATIO
3876 WEST COUNTRY HILL DRIVE
LECANTO, FL 34461

PREPARED BY:

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

AMOUNT DUE OR REFUND:

BALANCE DUE OF $8,558

MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

2019 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING
SEPTEMBER 30, 2020

PREPARED FOR:

NATURE COAST EMERGENCY MEDICAL FOUNDATIO
3876 WEST COUNTRY HILL DRIVE
LECANTO, FL 34461

PREPARED BY:

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	$	8,240
LESS CREDIT FROM PRIOR YEAR	$	0
LESS AMT ALREADY PAID ON 2019 ESTIMATE	$	0
BALANCE DUE	$	8,240

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER		AMOUNT	DUE DATE
NO 1	$	2,060	JANUARY 15, 2020
NO 2	$	2,060	MARCH 16, 2020
NO 3	$	2,060	JUNE 15, 2020
NO 4	$	2,060	SEPTEMBER 15, 2020

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:

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning OCT 1 , 2018, and ending SEP 30 , 2019

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2018

Name of exempt organization

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Employer identification number

65-1021027

Name and title of officer

SCOTT BAXTER
EMS CHIEF

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	9,780,905.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WARDLOW & CASH, P.A. to enter my PIN 21027

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59938965102

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 08/24/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

EXTENDED TO AUGUST 17, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 3876 WEST COUNTRY HILL DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code LECANTO, FL 34461

F Name and address of principal officer: SCOTT BAXTER
SAME AS C ABOVE

D Employer identification number 65-1021027

E Telephone number 352-249-4700

G Gross receipts $ 9,780,905.

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.NATURECOASTEMS.ORG

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ FOUND

L Year of formation: 2000

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: EMERGENCY MEDICAL AND TRANSPORT SERVICES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (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, line 38	7b	39,158.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	277,200.	550,718.
9	Program service revenue (Part VIII, line 2g)	10,181,373.	8,560,608.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	774.	576.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	357,092.	669,003.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,816,439.	9,780,905.

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)	6,821,935.	6,062,938.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,109,481.	3,944,096.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,931,416.	10,007,034.
19	Revenue less expenses. Subtract line 18 from line 12	-114,977.	-226,129.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,699,137.	6,328,551.
21	Total liabilities (Part X, line 26)	4,110,598.	3,966,141.
22	Net assets or fund balances. Subtract line 21 from line 20	2,588,539.	2,362,410.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ SCOTT BAXTER, EMS CHIEF
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ROBERT C. WARDLOW III		08/24/20	☐	P00168703

Firm's name ▶ WARDLOW & CASH, P.A. — Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD
INVERNESS, FL 34452 — Phone no. (352) 726-8130

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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: NONE

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 $ 8,195,174. including grants of $) (Revenue $)

TO PROVIDE EMERGENCY MEDICAL AND MEDICAL TRANSPORTATION SERVICES TO THE CITIZENS OF CITRUS COUNTY

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 8,195,174.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			
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

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

MICHAEL HALL, EXECUTIVE DIRECTOR - 352-637-4121
3876 WEST COUNTRY HILL DR, LECANTO, FL 34461

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER GREEN DIRECTOR	2.00	X						0.	0.	0.
(2) GENE DAVIS DIRECTOR	2.00	X						0.	0.	0.
(3) LINDA STOCKTON DIRECTOR	2.00	X						0.	0.	0.
(4) DAVE DECARLO DIRECTOR	2.00	X						0.	0.	0.
(5) PAMELA BEDFORD DIRECTOR	2.00	X						0.	0.	0.
(6) KAREN GAFFNEY BOARD ATTORNEY	2.00	X						0.	0.	0.
(7) MARY HEDFES CHAIR	2.00			X				0.	0.	0.
(8) DR. BRADLEY RUBEN SECRETARY	2.00			X				0.	0.	0.
(9) LACE BLUE-MCLEAN VICE CHAIR	2.00			X				0.	0.	0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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
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

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	550,718.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f	▶	550,718.			
Program Service Revenue			Business Code				
	2a	EMERGENCY MEDICAL SERV	621910	8,560,608.	8,560,608.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	8,560,608.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	576.	576.		
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	QEV SALES	621990	374,549.	374,549.		
	b	TRAINING FEES AND OTHE	621990	265,945.	265,945.		
	c	OTHER REVENUE - EXCLUD	621990	28,509.	28,509.		
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	669,003.			
	12	**Total revenue.** See instructions	▶	9,780,905.	9,230,187.	0.	0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,416,600.	3,179,952.	1,236,648.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	338,582.	243,779.	94,803.	
9 Other employee benefits	941,151.	677,629.	263,522.	
10 Payroll taxes	366,605.	263,956.	102,649.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	114,238.		114,238.	
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.)				
12 Advertising and promotion	20,007.	20,007.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	10,689.	10,689.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,915.	13,915.		
20 Interest	186,247.	186,247.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	456,062.	456,062.		
23 Insurance	674,381.	674,381.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	1,251,627.	1,251,627.		
b REPAIRS & MAINTENANCE	630,102.	630,102.		
c CONTRACT SERVICES	293,828.	293,828.		
d TELEPHONE	86,079.	86,079.		
e All other expenses	206,921.	206,921.		
25 **Total functional expenses.** Add lines 1 through 24e	10,007,034.	8,195,174.	1,811,860.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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		297,115.	1	308,023.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,298,696.	4	1,896,773.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		130,992.	8	82,622.
	9	Prepaid expenses and deferred charges		14,986.	9	386,940.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,337,505.			
	b	Less: accumulated depreciation	10b 4,713,439.	3,927,221.	10c	3,624,066.
	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		30,127.	15	30,127.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,699,137.	16	6,328,551.
Liabilities	17	Accounts payable and accrued expenses		1,631,607.	17	1,218,096.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,478,991.	23	2,748,045.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		4,110,598.	26	3,966,141.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds		2,588,539.	32	2,362,410.
	33	Total net assets or fund balances		2,588,539.	33	2,362,410.
	34	Total liabilities and net assets/fund balances		6,699,137.	34	6,328,551.

Form **990** (2018)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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	9,780,905.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,007,034.
3	Revenue less expenses. Subtract line 2 from line 1	3	-226,129.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,588,539.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,362,410.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
NATURE COAST EMERGENCY MEDICAL FOUNDATIO	65-1021027

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	592,599.	305,957.	292,670.	277,200.	550,718.	2019144.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	592,599.	305,957.	292,670.	277,200.	550,718.	2019144.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						2019144.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	592,599.	305,957.	292,670.	277,200.	550,718.	2019144.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,163.	621.	956.	774.	576.	4,090.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						2023234.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.80 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.80 %

16a **33 1/3% support test - 2018.** 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 - 2017.** 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 - 2018.** 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 - 2017.** 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 ▶ ☐

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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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 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

2018

Open to Public Inspection

Name of the organization
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Employer identification number
65-1021027

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 (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		441,583.		441,583.
b Buildings		7,895,922.	4,713,439.	3,182,483.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				3,624,066.

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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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	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.

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.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Employer identification number

65-1021027

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS REVIEWED BY CLIENT BEFORE FILING

FORM 990, PART VI, SECTION C, LINE 18:

INFORMATION AVAILABLE UPON REQUEST

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION AVAILABLE UPON REQUEST

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO 65-1021027

Form **990-W** (Worksheet)

Department of the Treasury
Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

2019

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. **Note:** 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 2018 return. See instructions. **Caution:** 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: 8,223.		
c	**2019 Estimated Tax.** 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 ADJUSTED TO	10c	8,240.

			(a)	(b)	(c)	(d)
11	**Installment due dates.** See instructions	11	01/15/20	03/16/20	06/15/20	09/15/20
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	2,060.	2,060.	2,060.	2,060.
13	**2018 Overpayment.** See instructions	13				
14	**Payment due** (Subtract line 13 from line 12)	14	2,060.	2,060.	2,060.	2,060.

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **990-W** (2019)

823801 02-25-19

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning OCT 1, 2018 , and ending SEP 30, 2019 .

▶ Go to 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).

OMB No. 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 6,328,551.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

D Employer identification number (Employees' trust, see instructions.)
65-1021027

Number, street, and room or suite no. If a P.O. box, see instructions.
3876 WEST COUNTRY HILL DRIVE

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
LECANTO, FL 34461

621910

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ AMBULANCE SERVICES . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MICHAEL HALL, EXECUTIVE DIRECTOR Telephone number ▶ 352-637-4121

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,145,570. b Less returns and allowances c Balance ▶	1c	1,145,570.		
2	Cost of goods sold (Schedule A, line 7)	2	1,010,971.		
3	Gross profit. Subtract line 2 from line 1c	3	134,599.		134,599.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	134,599.		134,599.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	**Total deductions.** Add lines 14 through 28		29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	134,599.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	134,599.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	134,599.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 1	35	94,441.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34		36	40,158.
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)		37	1,000.
38	**Unrelated business taxable income.** Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		38	39,158.

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0.21) ▶		39	8,223.
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶		40	
41	**Proxy tax.** See instructions ▶		41	
42	Alternative minimum tax (trusts only)		42	
43	**Tax on Noncompliant Facility Income.** See instructions		43	
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	8,223.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b				
c	General business credit. Attach Form 3800	45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
e	**Total credits.** Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46	8,223.	
47	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			47		
48	**Total tax.** Add lines 46 and 47 (see instructions)			48	8,223.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.	
50a	Payments: A 2017 overpayment credited to 2018	50a				
b	2018 estimated tax payments	50b				
c	Tax deposited with Form 8868	50c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				
e	Backup withholding (see instructions)	50e				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f				
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	50g				
51	**Total payments.** Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			52	335.	
53	**Tax due.** If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶			53	8,558.	
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶			54		
55	Enter the amount of line 54 you want: **Credited to 2019 estimated tax** ▶ **Refunded** ▶			55		

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
56	At any time during the 2018 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 ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ EMS CHIEF Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBERT C. WARDLOW III		08/24/20		P00168703

Firm's name ▶ WARDLOW & CASH, P.A. Firm's EIN ▶ 59-1638720

Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452 Phone no. (352) 726-8130

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(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)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Form **990-T** (2018)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO 65-1021027

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/18	94,441.	0.	94,441.	94,441.
NOL CARRYOVER AVAILABLE THIS YEAR			94,441.	94,441.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. FORM 990-T

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2018

Name
NATURE COAST EMERGENCY MEDICAL FOUNDATIO

Employer identification number
65-1021027

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	8,223.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b	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		
c	Credit for federal tax paid on fuels (see instructions)	2c		
d	**Total.** Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty		3	8,223.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. **Caution: 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	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	8,223.

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	**Installment due dates.** 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	01/15/19	03/15/19	06/15/19	09/15/19
10	**Required installments.** 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	2,056.	2,056.	2,055.	2,056.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				
	Complete lines 12 through 18 of one column before going to the next column.				
12	Enter amount, if any, from line 18 of the preceding column				
13	Add lines 11 and 12				
14	Add amounts on lines 16 and 17 of the preceding column		2,056.	4,112.	6,167.
15	Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		2,056.	4,112.	
17	**Underpayment.** 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	2,056.	2,056.	2,055.	2,056.
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

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.

LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **2220** (2018)

812801 01-09-19

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

B.1.n

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. **(C corporations with tax years ending June 30 and S corporations:** Use 3rd month instead of 4th month. **Form 990-PF and Form 990-T filers:** Use 5th month instead of 4th month.) See instructions	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21				
22 Underpayment on line 17 x Number of days on line 21 / 365 x 5% (0.05)	22	$	$	$	$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23				
24 Underpayment on line 17 x Number of days on line 23 / 365 x 5% (0.05)	24	$	$	$	$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25				
26 Underpayment on line 17 x Number of days on line 25 / 365 x 5% (0.05)	26	$	$	$	$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE ATTACHED WORKSHEET			
28 Underpayment on line 17 x Number of days on line 27 / 365 x 6% (0.06)	28	$	$	$	$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29				
30 Underpayment on line 17 x Number of days on line 29 / 365 x *%	30	$	$	$	$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31				
32 Underpayment on line 17 x Number of days on line 31 / 365 x *%	32	$	$	$	$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33				
34 Underpayment on line 17 x Number of days on line 33 / 365 x *%	34	$	$	$	$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35				
36 Underpayment on line 17 x Number of days on line 35 / 366 x *%	36	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	$	$	$	$

38 **Penalty.** 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 ..... 38 $ 335.

* 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**. You can also call 1-800-829-4933 to get interest rate information.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
NATURE COAST EMERGENCY MEDICAL FOUNDATIO	65-1021027

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/19	2,056.	2,056.	59	.000164384	20.
03/15/19	2,056.	4,112.	92	.000164384	62.
06/15/19	2,055.	6,167.	15	.000164384	15.
06/30/19	0.	6,167.	77	.000136986	65.
09/15/19	2,056.	8,223.	107	.000136986	121.
12/31/19	0.	8,223.	46	.000136612	52.

Penalty Due (Sum of Column F). ..... 335.

* Date of estimated tax payment, withholding credit date or installment due date.

812511
04-01-18

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number
NATURE COAST EMERGENCY MEDICAL FOUNDATIO	65-1021027

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/19	2,056.	2,056.	59	.000164384	20.
03/15/19	2,056.	4,112.	92	.000164384	62.
06/15/19	2,055.	6,167.	15	.000164384	15.
06/30/19	0.	6,167.	77	.000136986	65.
09/15/19	2,056.	8,223.	107	.000136986	121.
12/31/19	0.	8,223.	46	.000136612	52.

Penalty Due (Sum of Column F). .....

* Date of estimated tax payment, withholding credit date or installment due date.

812511
04-01-18

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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 for the latest information.**

OMB No. 1545-1709

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.*

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

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Enter filer's identifying number: Employer identification number (EIN) or
NATURE COAST EMERGENCY MEDICAL FOUNDATIO	65-1021027
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
3876 WEST COUNTRY HILL DRIVE	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
LECANTO, FL 34461	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MICHAEL HALL, EXECUTIVE DIRECTOR
  3876 WEST COUNTRY HILL DR - LECANTO, FL 34461
  Telephone No. ▶ 352-637-4121 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2020, 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, 2018, and ending SEP 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2019)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING
SEPTEMBER 30, 2019

PREPARED FOR:

NATURE COAST EMERGENCY MEDICAL FOUNDATIO
3876 WEST COUNTRY HILL DRIVE
LECANTO, FL 34461

PREPARED BY:

WARDLOW & CASH, P.A.
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT		0
PLUS: NTEREST AND PENALTIES	$	0
NO PAYMENT REQUIRED	$	

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:

FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

RETURN MUST BE MAILED ON OR BEFORE:

SPECIAL INSTRUCTIONS:

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/19 1019
Rule 12C-1.051
Florida Administrative Code
Effective 01/19
Page 1 of 6

FEIN 65-1021027
For calendar year 2018 or tax year beginning OCT 1, 2018 ending SEP 30, 2019

893302019093000020050378365102102700003

Name NATURE COAST EMERGENCY MEDICAL FOUNDATIO
Address 3876 WEST COUNTRY HILL DRIVE
City/State/ZIP LECANTO, FL 34461

☐ 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**	Check here if negative ___	39,158.00
2.	State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative ___	
3.	Additions to federal taxable income (from Schedule I)	Check here if negative ___	94,441.00
4.	Total of Lines 1, 2 and 3	Check here if negative ___	133,599.00
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative ___	94,441.00
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative ___	39,158.00
7.	Florida portion of adjusted federal income (see instructions)	Check here if negative ___	39,158.00
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative ___	
9.	**Florida exemption**		39,158.00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)		0.00
11.	Tax due: 5.5% of Line 10		0.00
12.	Credits against the tax (from Schedule V)		
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)		0.00
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. If the amount is negative (overpayment), enter on Line 18 and/or Line 19		0.00
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		

844081 09-17-18

Payment Coupon for Florida Corporate Income Tax Return

1019
F-1120
R. 01/19

Do Not Detach YEAR ENDING 09/30/19

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name NATURE COAST EMERGENCY MEDICA
Address 3876 WEST COUNTRY HILL DRIVE
City/State/ZIP LECANTO, FL 34461

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.

651021027	9444100	0	0
20181001	9444100	0	0
20190930	3915800	0	0
00000000	0.000000	0	0
012	9444100	0	0
202	0	0	0
3915800	0	0	0
0	3915800	0	0

0 8933 0 20190930 0002005037 8 36510210

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUND

FEIN 65-1021027 09/30/19

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.

Sign here	Signature of officer (must be an original signature) Date	Title ▶ EMS CHIEF	
Paid preparers only	Preparer's signature ▶ Date 08/24/20	Preparer check if self-employed ☐	Preparer's PTIN ▶ P00168703
	Firm's name (or yours if self-employed) and address ▶ WARDLOW & CASH, P.A. 450 PLEASANT GROVE ROAD INVERNESS, FL	FEIN ▶ 59-1638720 ZIP ▶ 34452	

All Taxpayers Must Answer Questions **A** through **M** Below - See Instructions

A. State of incorporation:

B. Florida Secretary of State document number:

C. Florida consolidated return? YES ☐ NO ☒

D. ☐ Initial return ☐ Final return (final federal return filed)

E. Principal Business Activity Code (as pertains to Florida)

621910

F. A Florida extension of time was timely filed? YES ☐ NO ☒

G-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

G-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:

FEIN from federal consolidated return:

Name of corporation:

G-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒

H. Location of corporate books:

3876 WEST COUNTRY HILL DR

City, State, ZIP: LECANTO, FL 34461

I. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒

J. Enter date of latest IRS audit:

a) List years examined:

K. Contact person concerning this return: SCOTT BAXTER

a) Contact person telephone number:

b) Contact person e-mail address:

L. Type of federal return filed ☐ 1120 ☐ 1120S or 990-T

T

L

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.**

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/19

Schedule I - Additions and/or Adjustments to Federal Taxable Income

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) STATEMENT 2	3.	94,441.00
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	12.	
13.	Renewable energy tax credits	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.	Other additions (attach schedule)	19.	
20.	Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.	94,441.00

Schedule II - Subtractions from Federal Taxable Income

1.	Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income $ _____ (b) plus s. 862, IRC dividends $ _____ (c) less direct and indirect expenses $ _____ Total ▶	1.	
2.	Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income $ _____ (b) less direct and indirect expenses $ _____ Total ▶	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) STATEMENT 1	3.	94,441.00
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.	Other subtractions (attach statement)	11.	
12.	Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.	94,441.00

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/19

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(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.					1.000000

III-B For use in computing average value of property (use original cost).	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. _____

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])		

III-D Special Apportionment Fractions (see instructions)	(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			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

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.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/19

Schedule V - Credits Against the Corporate Income/Franchise Tax

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 (attach tax credit certificate)	10.
11.	State housing tax credit (attach certification letter)	11.
12.	Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13.	Florida renewable energy technologies investment tax credit	13.
14.	Florida renewable energy production tax credit	14.
15.	New markets tax credit	15.
16.	Entertainment industry tax credit	16.
17.	Research and Development tax credit	17.
18.	Energy Economic Zone tax credit	18.
19.	Other credits (attach schedule)	19.
20.	Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	20.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount

Total allocated to Florida ..... 1.

(Enter here and on Page 1, Line 8)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount

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)

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

1019
F-1120
R. 01/19

NAME NATURE COAST EMERGENCY MEDICAL FOUNDA FEIN 65-1021027 TAXABLE YEAR ENDING 09/30/19

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2018

1.	Florida income expected in taxable year	1.	$	39,158.00
2.	Florida exemption $50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	$	39,158.00
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 $	4.	$	

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.

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	Rule 12C-1.051, F.A.C.

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO 65-1021027

FL F-1120 NET OPERATING LOSS CARRYOVERS STATEMENT 1

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2017	0%	0.	94,441.	0.	94,441.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					94,441.00

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO 65-1021027

FL F-1120 FEDERAL CARRYOVER DEDUCTIONS STATEMENT 2

CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME	AMOUNT
NET OPERATING LOSS	94,441.00
NET CAPITAL LOSS	
EXCESS CHARITABLE CONTRIBUTION	
EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION	

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

1019
F-1120
R. 01/19

FEIN 65-1021027

DATA Page 1 of 2

651021027	0	0	0
13359900	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	9444100
0	0	0	0
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2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	9444100	0	0
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0	0	0	0
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0	0	0	0
0	0	0	0

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

NATURE COAST EMERGENCY MEDICAL FOUNDATIO

FEIN 65-1021027

651021027	0	0	0
1.000000	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
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0	0.000000	0	0
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0	0	0	0

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

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.
Nature Coast Emergency Medical Services

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.
3876 W Country Hill Dr

6 City, state, and ZIP code
Lecanto, FL 34461

Requester's name and address (optional)
Citrus County
110 N Apopka Ave
Inverness, FL 34450

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.

Social security number
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer identification number
6 5 – 1 0 2 1 0 2 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 for Part II, later.

Sign Here Signature of U.S. person ▶ JKepard Date ▶ 2/24/2021

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*.

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.*

Attachment: 23 NPG1 Non-Profit Grant Packet- Nature Coast Emergency Medical Foundation, Inc (12603 : The Citrus County Nonprofit Grant

Non-Profit Grant

Key Training Center

Application

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000025

Melissa Walker - kcenter@tampabay.rr.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 25 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

CITRUS COUNTY ASSO FOR RETARDED CHILDREN INC

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

Key Training Center

Organization Business Address

Where do you conduct your business?

5399 W. Gulf to Lake Hwy., Lecanto Fl 34461

Mailing Address for Grant Check

Name

Melissa Walker

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Company

Key Training Center

Address

5399 W. Gulf to Lake Hwy

Address 2

(No response)

City

Lecanto

State

FL

ZIP

34461

Country

United States

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

kcenter@tampabay.rr.com

Phone Number

352-795-5541

Business Website Address

www.keytrainingcenter.org

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59-1154716

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

Our mission is to assist persons with intellectual and developmentally disabilities (I/DD) in achieving their potential through an array of individualized services that promote growth, choice, and independence with kindness, love, dignity, and respect.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 75,600.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 11,000,000.00

Has this program previously received County grant funding?

Yes

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

Citrus County Cares Small Business Grant for Assisted Living purpose. Granted 11/9/2020 for $24,950.

How many years has your organization served Citrus County?

55

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 25 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Citrus County Assn for Retarded Citizens Inc.
Country: United States
Ein: 591154716
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 25 2021

W 9_2021

Filename: W_9_2021.pdf **Size:** 132.7 kB

Upload a State of Florida charitable organization registration

Completed - Feb 25 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

Solicitation for Contribution Letter_KTC

Filename: Solicitation_for_Contribution_Letter_KTC.pdf **Size:** 153.2 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 25 2021

IRS_KTC_990 6-30-19

Filename: IRS_KTC_990_6-30-19.pdf **Size:** 3.7 MB

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

990_KTC_6 30 18

Filename: 990_KTC_6_30_18.pdf **Size:** 3.9 MB

KTC_990_FY 2016_17

Filename: KTC_990_FY_2016_17.pdf **Size:** 3.7 MB

Upload Evaluation Criteria

Completed - Feb 25 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

County Non Profit Grant Questions

Filename: County_Non_Profit_Grant_Questions.pdf **Size:** 121.9 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Key Training Center, Melissa Walker

Applicant Title

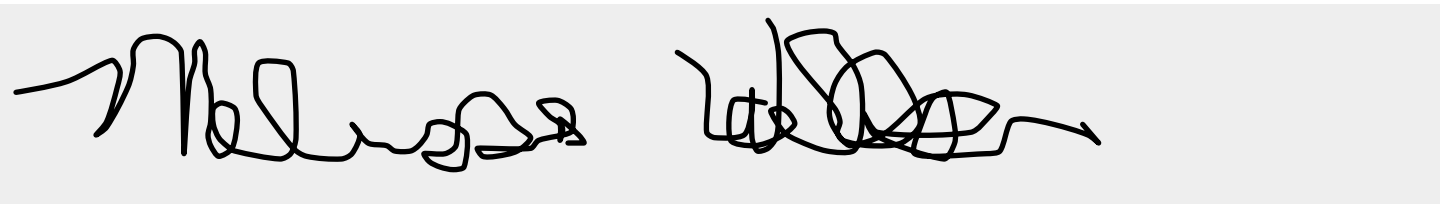
Executive Director

Date

Feb 25 2021

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

KEY TRAINING CENTER
Kindness, Love, Dignity and Respect

Key Training Center
Celebrating 50 Years of Care
Kindness, Love, Dignity and Respect

Chester V. Cole
Forever in our hearts

Corporate Officers
Carolyn Zemanik
President, Board of Directors

Melissa Walker
Executive Director
(352) 795-5541 ext 203
kcenter@tampabay.rr.com

Programs and Services
Theresa Flick, Director
(352) 795-5541 ext 224
pdktc@keytrainingcenter.org

Social Services
Meschell Novak, Manager
(352) 795-5541 ext 219
ssmgr@keytrainingcenter.org

Day Services
Barbara Branch, Director
(352) 795-5541 ext 244
bbranchres@keytrainingcenter.org

Residential Services
Ashleigh Blackwell, Director
(352) 795-5541 ext 227
resdir@keytrainingcenter.org

Fiscal Management
Leo Doucette, Director
(352) 795-5541 ext 303
super@keytrainingcenter.org

Human Resources
Stephen Arena, Director
(352) 795-5541 ext 308
hrdir@keytrainingcenter.org

Key Center Foundation
Tinker Bowen, Director KCF
(352) 795-5541 ext 106
tinker@keytrainingcenter.org

Hope Selander, Development & Community Relations Manager
(352) 795-5541 ext 313
foundation@keytrainingcenter.org

Retail Operations
Amanda Oestreich, Manager
(352) 795-5541ext 101
amandao@keytraingingcenter.org
Inverness (352) 726-0271
Lecanto (352) 527-0037
Crystal River (352) 564-9477
Labels / Inverness (352) 419-7591
Delivery/Pickup (352) 726-0271

Maintenance
Chris Linhart, Director Fleet & Facilities
(352) 795-5541 ext 230
clinhart@keytrainingcenter.org

WYKE Television/Radio
Dennis Miller, General Manager
(352) 527-2341 TV
dmiller@wyketv.com

1. THE INTENDED USE OF THE GRANT FUNDS:

This funding will directly go to our nursing department for vital medical oversight and care coordination of providing healthcare to persons with I/DD, some of our community's most vulnerable populations. In 2014, Florida discontinued Medicaid HCBS Waivers for nursing reimbursement funding for resident medical oversight. In the meantime, during COVID-19 times, our necessity for this department has only grown with the onset of COVID-19 positive cases in residential and day habilitation clients and staff, resulting in the oversight of quarantines, isolation room activation, hospitalizations, and ongoing biweekly staff COVID-19 testing and as needed COVID-19 rapid testing.

2. DETAILED INFORMATION ON THE FOOD DISTRIBUTION AND/OR HEALTH CARE SERVICE DEPLOYMENT PLAN:

Given the complexity of providing healthcare to persons with I/DD, the Key Center must have professional nursing staff with specified skills to train our non-medical staff and oversee our clients' health, especially with the ongoing COVID-19 pandemic. Care coordination and training are essential. Our nursing team works directly with the local health department, doctors, Key Center staff, and families to evaluate the client's status/health, ensure they may safely return home, and that our non-medical group home staff is trained about illnesses diagnosed, medical equipment, special diets, and any special aftercare required. Our nurses provide ongoing in-house supportive medical training to educate our staff on what to look for and what and when to report changes. Our nurses are frequently called to evaluate illnesses and injuries for our residential and day habilitation clients and determine if further care is needed. The nursing staff reviews all residential physician notes and medical charts to review appropriate referrals, prescriptions, and non-medical group home staff training. The nursing department is available 24/7 for our resident's healthcare.

The Key Center covers all of Citrus County via eighteen group homes, four apartment complexes, and two day services locations (Lecanto and Inverness). For the last ten years, the Key Center has had received "deemed" status Qlarant Quality Assurance Provider annual reviews.

3. HOW CITRUS COUNTY WILL BENEFIT FROM THIS PROGRAM:

The Key Center provides front-line caregiving to over three hundred adults with I/DD on a year-round basis. We did not close due to COVID-19 but instead continued services without missing a beat but with extra safety, care coordination, sanitization cleaning, and proper PPE for our clients and staff.
The health of our clients, staff, and community is paramount. Being proactive, to date, we have only experienced 12% of our 285 staff and 6% of our 145 residential clients with confirmed COVID-19 positive cases—seven of the positive residential clients were placed in our established isolation room, and none were hospitalized. Our nursing medical oversight and care coordination were vital to these low numbers and our community health system's overall impact.

4. THE PROJECTED NUMBER OF CITRUS COUNTY CITIZENS THAT WILL BENEFIT FROM THIS PROGRAM IF AWARDED:

We have a direct impact on over three hundred adults with I/DD, plus their families/guardians that call Citrus County home; 285 staff members and their family and friends connections; and ultimately our community at large by delivering the safely the best precautions and medical/healthcare oversight/coordination during this unprecedented time that has impacted all of us significantly.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

March 23, 2020 **Refer To: CH971**

CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.
5399 W GULF TO LAKE HWY
LECANTO, FL 34461-8531

RE: CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.
REGISTRATION#: CH971
EXPIRATION DATE: April 6, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Kayla Creech
Regulatory Consultant
850-410-3769
Fax: 850-410-3804
E-mail: kayla.creech@fdacs.gov

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

EXTENDED TO MAY 15, 2018

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization

CLIENT'S COPY

CCARC, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
5399 W GULF TO LAKE HWY

City or town, state or province, country, and ZIP or foreign postal code
LECANTO, FL 34461

F Name and address of principal officer: MELISSA WALKER
SAME AS C ABOVE

D Employer identification number
59-1154716

E Telephone number
352-341-4633

G Gross receipts $ 8,802,755.

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: ▶ KEYTRAININGCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1966 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CARE, HOUSING, AND EDUCATION TO DEVELOPMENTALLY DISABLED, MENTALLY RETARDED ADULTS.		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	554
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	176,970.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-246,322.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	482,227.	535,071.
	9 Program service revenue (Part VIII, line 2g)	6,627,822.	7,467,015.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	783.	-968.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	762,775.	799,252.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,873,607.	8,800,370.
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)	5,544,238.	6,121,172.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 119,393.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,945,186.	3,217,397.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,489,424.	9,338,569.
	19 Revenue less expenses. Subtract line 18 from line 12	-615,817.	-538,199.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,757,901.	11,718,247.
	21 Total liabilities (Part X, line 26)	3,967,913.	4,729,773.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,789,988.	6,988,474.

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

▶ Melissa Walker
Signature of officer — Date 5/11/18

▶ MELISSA WALKER, EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ROBERT C. WARDLOW III	Preparer's signature	Date: 05/10/18	Check ☐ if self-employed	PTIN: P00168703
Firm's name ▶ WARDLOW & CASH, P.A.			Firm's EIN ▶	59-1638720
Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452			Phone no.	(352) 726-8130

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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:
PROVIDE CARE, HOUSING, AND EDUCATION TO DEVELOPMENTALLY DISABLED, MENTALLY RETARDED ADULTS.

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 $ 7,247,575. including grants of $ _____) (Revenue $ 8,088,329.)
LONG-TERM AND INTERMEDIATE RESIDENTIAL CARE ADMINISTERED BY THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND ACLF FACILITIES, RECEIVING FLORIDA MEDICAID TITLE XIX AND HUD SECTION 8

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
ADULT DAY TRAINING, TRANSPORTATION, COMMUNITY BASED EMPLOYMENT AND SUPPORTED INDEPENDENT LIVING PROVIDED UNDER TITLE XX OF THE SOCIAL SECURITY ACT AND MEDWAIVER. APPROXIMATELY 250 PARTICIPANTS

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 7,247,575.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	554		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

MELISSA WALKER - 352-795-5541

5399 W GULF TO LAKE HWY, LECANTO, FL 34442

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BATSON DIRECTOR	2.00	X		X				0.	0.	0.
(2) DENNIS J VICK DIRECTOR	2.00	X		X				0.	0.	0.
(3) E DAVID DETMER PRESIDENT	2.00	X		X				0.	0.	0.
(4) CAROLYN ZEMANIK DIRECTOR	2.00	X		X				0.	0.	0.
(5) IRENE R HUPP SEC/TREASURER	2.00	X						0.	0.	0.
(6) SAMUEL JOYNER VICE PRESIDENT	2.00	X						0.	0.	0.
(7) DALE COBURN DIRECTOR	2.00	X						0.	0.	0.
(8) JAMES MORTON DIRECTOR	2.00	X						0.	0.	0.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	516,700.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,371.			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f		535,071.			
Program Service Revenue		Business Code				
	2a CLIENT SERVICES	623990	7,416,103.	7,416,103.		
	b FOOD STAMPS	623990	50,912.	50,912.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		7,467,015.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,417.	1,417.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses	2,385.				
	c Gain or (loss)	-2,385.				
	d Net gain or (loss)		-2,385.	-2,385.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a WORKSHOP SALES	900099	294,595.	294,595.		
	b RENTAL INCOME	532000	227,578.	227,578.		
	c RADIO PAID ADVERSTISIN	900099	91,789.	0.	91,789.	0.
	d All other revenue	515100	185,290.	100,109.	85,181.	
	e Total. Add lines 11a-11d		799,252.			
	12 Total revenue. See instructions.		8,800,370.	8,088,329.	176,970.	0.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,306,912.	4,737,539.	560,021.	9,352.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	335,942.	200,527.	135,034.	381.
10 Payroll taxes	478,318.	395,561.	80,925.	1,832.
11 Fees for services (non-employees):				
a Management				
b Legal	7,923.		7,923.	
c Accounting	46,919.	-4,053.	51,975.	-1,003.
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.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	57,388.	44,500.	12,888.	
17 Travel	1,749.	130.	1,619.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	152,674.	75,969.	25,216.	51,489.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	387,958.	116,055.	216,289.	55,614.
23 Insurance	224,187.	131,999.	92,935.	-747.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL AND MA	434,208.	371,185.	60,429.	2,594.
b HOME OFFICE ALLOCATION	423,789.	55,727.	368,062.	
c FOOD AND BEVERAGE	312,485.	308,339.	4,090.	56.
d ELECTRICITY	232,697.	158,686.	72,156.	1,855.
e All other expenses SEE SCH O	935,420.	655,411.	282,039.	-2,030.
25 **Total functional expenses.** Add lines 1 through 24e	9,338,569.	7,247,575.	1,971,601.	119,393.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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	210,650.	1	505,954.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,241,815.	4	1,224,108.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	22,552.	7	22,552.
	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 15,575,845.			
	b	Less: accumulated depreciation — 10b 5,997,482.	9,148,777.	10c	9,578,363.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	95,678.	12	105,378.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	38,429.	15	281,892.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	10,757,901.	16	11,718,247.
Liabilities	17	Accounts payable and accrued expenses	347,611.	17	1,146,734.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,905,736.	23	2,862,473.
	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	714,566.	25	720,566.
	26	**Total liabilities.** Add lines 17 through 25	3,967,913.	26	4,729,773.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,789,988.	27	6,988,474.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,789,988.	33	6,988,474.
	34	Total liabilities and net assets/fund balances	10,757,901.	34	11,718,247.

Form 990 (2016)

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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 X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,800,370.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,338,569.
3	Revenue less expenses. Subtract line 2 from line 1	3	-538,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,789,988.
5	Net unrealized gains (losses) on investments	5	9,929.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	726,756.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,988,474.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII .....

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2016)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
CCARC, INC	59-1154716

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6381485.	6520491.	6902787.	7110049.	8002086.	34916898.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6381485.	6520491.	6902787.	7110049.	8002086.	34916898.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						34916898.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	6381485.	6520491.	6902787.	7110049.	8002086.	34916898.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	382.	287.	737.	783.	1,417.	3,606.
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 **Total support.** Add lines 7 through 10						34920504.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.99 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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.)

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
CCARC, INC

Employer identification number
59-1154716

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 (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,667,570.		1,667,570.
b Buildings		9,863,960.	5,997,482.	3,866,478.
c Leasehold improvements				
d Equipment		3,814,335.		3,814,335.
e Other		229,980.		229,980.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				9,578,363.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO AFFILIATE	720,566.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	720,566.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,872,686.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	12,316.		
b	Donated services and use of facilities	2b	60,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	72,316.
3	Subtract line 2e from line 1			3	8,800,370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	8,800,370.

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	9,398,571.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	60,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2.		
e	Add lines 2a through 2d			2e	60,002.
3	Subtract line 2e from line 1			3	9,338,569.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	9,338,569.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UNDER THESE PROVISIONS, NO TAX IS PAID ON INCOME IT RECEIVES AS LONG AS IT MAINTAINS ITS TAX EXEMPT STATUS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ASSOCIATION ANNUALLY FILES IRS FORM 990 AS REQUIRED FOR NOT-FOR-PROFIT ORGANIZATIONS. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES FOR THE LAST THREE PRECEDING YEARS. IN ADDITION, THE ASSOCIATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING 2.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

CCARC, INC

Employer identification number

59-1154716

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADULT DAY TRAINING, TRANSPORTATION, COMMUNITY BASED EMPLOYMENT AND SUPPORTED INDEPENDENT LIVING PROVIDED UNDER TITLE XX OF THE SOCIAL SECURITY ACT AND MEDWAIVER. APPROXIMATELY 250 PARTICIPANTS. LONG-TERM AND INTERMEDIATE RESIDENTIAL CARE ADMINISTERED BY THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND ACLF FACILITIES, RECEIVING FLORIDA MEDICAID TITLE XIX AND HUD SECTION 8.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PROVIDED TO THE GOVERNING BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY IS DONE BY THE BOARD VERY INFORMALLY DUE TO THE TRANSPARENT AND/OR NONEXISTENT NATURE OF THE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD UNDERTAKES A STATEWIDE, COMPETITIVE REVIEW THAT IS APPROVED BY VOTE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TELEPHONE:

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

PROGRAM SERVICE EXPENSES	86,283.
MANAGEMENT AND GENERAL EXPENSES	17,029.
FUNDRAISING EXPENSES	1,867.
TOTAL EXPENSES	105,179.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,439.
MANAGEMENT AND GENERAL EXPENSES	95,732.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	97,171.
GAS/OIL.DIESEL:	
PROGRAM SERVICE EXPENSES	86,767.
MANAGEMENT AND GENERAL EXPENSES	4,426.
FUNDRAISING EXPENSES	340.
TOTAL EXPENSES	91,533.
KEY KAFE:	
PROGRAM SERVICE EXPENSES	83,575.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,575.
WORKER'S COMP INSURANCE:	
PROGRAM SERVICE EXPENSES	77,988.
MANAGEMENT AND GENERAL EXPENSES	3,719.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,707.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

WATER/SEWER:	
PROGRAM SERVICE EXPENSES	58,855.
MANAGEMENT AND GENERAL EXPENSES	18,449.
FUNDRAISING EXPENSES	431.
TOTAL EXPENSES	77,735.
CLEANING HOUSEKEEPING:	
PROGRAM SERVICE EXPENSES	57,210.
MANAGEMENT AND GENERAL EXPENSES	317.
FUNDRAISING EXPENSES	50.
TOTAL EXPENSES	57,577.
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	23,794.
MANAGEMENT AND GENERAL EXPENSES	20,454.
FUNDRAISING EXPENSES	341.
TOTAL EXPENSES	44,589.
FURNITURE & MAJOR PURCHASES:	
PROGRAM SERVICE EXPENSES	27,131.
MANAGEMENT AND GENERAL EXPENSES	10,121.
FUNDRAISING EXPENSES	2,273.
TOTAL EXPENSES	39,525.
INTERNET:	
PROGRAM SERVICE EXPENSES	32,292.
MANAGEMENT AND GENERAL EXPENSES	6,433.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

FUNDRAISING EXPENSES	379.
TOTAL EXPENSES	39,104.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	27,777.
MANAGEMENT AND GENERAL EXPENSES	9,668.
FUNDRAISING EXPENSES	222.
TOTAL EXPENSES	37,667.
CABLE TV:	
PROGRAM SERVICE EXPENSES	28,889.
MANAGEMENT AND GENERAL EXPENSES	3,898.
FUNDRAISING EXPENSES	203.
TOTAL EXPENSES	32,990.
MEDIA AND ADVERTISING:	
PROGRAM SERVICE EXPENSES	3,965.
MANAGEMENT AND GENERAL EXPENSES	23,225.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,190.
MEMBERSHIP/DUES:	
PROGRAM SERVICE EXPENSES	2,145.
MANAGEMENT AND GENERAL EXPENSES	21,922.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,067.
REGULATORY FEES:	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

PROGRAM SERVICE EXPENSES	8,160.
MANAGEMENT AND GENERAL EXPENSES	11,412.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,572.
PROPERTY TAXES:	
PROGRAM SERVICE EXPENSES	11,421.
MANAGEMENT AND GENERAL EXPENSES	4,418.
FUNDRAISING EXPENSES	-1,658.
TOTAL EXPENSES	14,181.
EDUCATION:	
PROGRAM SERVICE EXPENSES	1,474.
MANAGEMENT AND GENERAL EXPENSES	12,485.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,959.
PEST CONTROL:	
PROGRAM SERVICE EXPENSES	13,126.
MANAGEMENT AND GENERAL EXPENSES	288.
FUNDRAISING EXPENSES	77.
TOTAL EXPENSES	13,491.
EMPLOYEE REQUIREMENTS:	
PROGRAM SERVICE EXPENSES	10,532.
MANAGEMENT AND GENERAL EXPENSES	2,435.
FUNDRAISING EXPENSES	65.
TOTAL EXPENSES	13,032.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

EMPLOYEE RECOGNITION:	
PROGRAM SERVICE EXPENSES	354.
MANAGEMENT AND GENERAL EXPENSES	4,504.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,858.
POSTAGE AND SHIPPING:	
PROGRAM SERVICE EXPENSES	839.
MANAGEMENT AND GENERAL EXPENSES	2,951.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,790.
COST OF PRODUCTION:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,341.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,341.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	2,235.
MANAGEMENT AND GENERAL EXPENSES	731.
FUNDRAISING EXPENSES	-258.
TOTAL EXPENSES	2,708.
COMMUNITY DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	309.
MANAGEMENT AND GENERAL EXPENSES	2,285.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,594.
CLIENT ACTIVITIES:	
PROGRAM SERVICE EXPENSES	2,528.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	35.
TOTAL EXPENSES	2,563.
FUEL:	
PROGRAM SERVICE EXPENSES	2,361.
MANAGEMENT AND GENERAL EXPENSES	121.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,482.
TAX/TAG/TRANSFER:	
PROGRAM SERVICE EXPENSES	1,483.
MANAGEMENT AND GENERAL EXPENSES	705.
FUNDRAISING EXPENSES	4.
TOTAL EXPENSES	2,192.
PUBLICATION AND NEWSLETTER:	
PROGRAM SERVICE EXPENSES	781.
MANAGEMENT AND GENERAL EXPENSES	970.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,751.
SPECIFIC ASSISTANCE:	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

PROGRAM SERVICE EXPENSES	1,038.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,038.
SFE ADJUSTMENT:	
PROGRAM SERVICE EXPENSES	660.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	660.
DISCOUNTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	-6,401.
TOTAL EXPENSES	-6,401.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	935,420.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS TO CCARC	726,756.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

CCARC, INC

Employer identification number

59-1154716

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	(g) No
KEY CENTER FOUNDATION, INC. - 59-3200079 5399 W GULF TO LAKE HWY LECANTO, FL 34442	FUNDRAISING FOR RELATED ENTITIES	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY LIGHT HOMES, INC. - 59-2933348 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION FOR DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY CENTER HOMES, INC. - 59-3129990 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	17O(B)(1)(A)(VI)			X
KEY VISTA APARTMENTS, INC. - 59-3280134 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Schedule R (Form 990) CCARC, INC 59-1154716

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization? Yes	No
KEY MANOR APARTMENTS, INC - 59-2984975 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X

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Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	KEY CENTER FOUNDATION	J	0.	FMV
(2)	KEY CENTER FOUNDATION	S	0.	
(3)				
(4)				
(5)				
(6)				

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Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Packet Pg. 1297

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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2017

Name	Employer Identification Number
CCARC, INC	59-1154716

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS	946,970.
FEDERAL AMT NET OPERATING LOSS	892,306.
FL NET OPERATING LOSS	600,005.

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Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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Form 990 — Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
CCARC, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 5399 W GULF TO LAKE HWY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code LECANTO, FL 34461

D Employer identification number
59-1154716

E Telephone number
352-795-5441

G Gross receipts $ 8,647,129.

F Name and address of principal officer: MELISSA WALKER
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: ▶ KEYTRAININGCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1966 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CARE, HOUSING, AND EDUCATION TO DEVELOPMENTALLY DISABLED, MENTALLY RETARDED ADULTS.		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	554
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	127,922.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-260,320.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	535,071.	609,905.
	9 Program service revenue (Part VIII, line 2g)	7,467,015.	6,903,379.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-968.	99,402.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	799,252.	803,432.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,800,370.	8,416,118.
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)	6,121,172.	5,513,304.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 137,295.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,217,397.	3,267,449.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,338,569.	8,780,753.
	19 Revenue less expenses. Subtract line 18 from line 12	-538,199.	-364,635.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	11,718,247.	11,328,388.
	21 Total liabilities (Part X, line 26)	4,729,773.	4,053,593.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,988,474.	7,274,795.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ MELISSA WALKER, EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ROBERT C. WARDLOW III	Preparer's signature	Date: 05/13/19	Check ☐ if self-employed	PTIN: P00168703
Firm's name ▶ WARDLOW & CASH, P.A.			Firm's EIN ▶ 59-1638720	
Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452			Phone no. (352) 726-8130	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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:
PROVIDE CARE, HOUSING, AND EDUCATION TO DEVELOPMENTALLY DISABLED, MENTALLY RETARDED ADULTS.

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 $ 6,609,701. including grants of $ _____) (Revenue $ 7,678,291.)
LONG-TERM AND INTERMEDIATE RESIDENTIAL CARE ADMINISTERED BY THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND ACLF FACILITIES, RECEIVING FLORIDA MEDICAID TITLE XIX AND HUD SECTION 8

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
ADULT DAY TRAINING, TRANSPORTATION, COMMUNITY BASED EMPLOYMENT AND SUPPORTED INDEPENDENT LIVING PROVIDED UNDER TITLE XX OF THE SOCIAL SECURITY ACT AND MEDWAIVER. APPROXIMATELY 250 PARTICIPANTS

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 6,609,701.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	554		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

MELISSA WALKER - 352-795-5541

5399 W GULF TO LAKE HWY, LECANTO, FL 34442

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BATSON VICE PRESIDENT	2.00	X		X				0.	0.	0.
(2) DENNIS J VICK TREASURER	2.00	X		X				0.	0.	0.
(3) E DAVID DETMER PRESIDENT	2.00	X		X				0.	0.	0.
(4) CAROLYN ZEMANIK CORR SECRETARY	2.00	X		X				0.	0.	0.
(5) RUTH LEVINS REC SECRETARY	2.00	X						0.	0.	0.
(6) SAMUEL JOYNER DIRECTOR	2.00	X						0.	0.	0.
(7) DALE COBURN DIRECTOR	2.00	X						0.	0.	0.
(8) JAMES MORTON DIRECTOR	2.00	X						0.	0.	0.
(9) BRYAN MELHADO DIRECTOR	2.00	X						0.	0.	0.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	499,315.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	110,590.				
g Noncash contributions included in lines 1a-1f: $						
h **Total.** Add lines 1a-1f ▶			609,905.			
Program Service Revenue		Business Code				
2 a CLIENT SERVICES		623990	6,838,217.	6,838,217.		
b FOOD STAMPS		623990	65,162.	65,162.		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶			6,903,379.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			310.	310.		
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6 a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7 a Gross amount from sales of assets other than inventory		330,103.				
b Less: cost or other basis and sales expenses		231,011.				
c Gain or (loss)		99,092.				
d Net gain or (loss) ▶			99,092.	99,092.		
8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events ▶						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11 a WORKSHOP SALES		900099	348,891.	348,891.		
b RENTAL INCOME		532000	197,007.	197,007.		
c KEY KAFE		900099	87,004.	87,004.		
d All other revenue		900099	170,530.	42,608.	127,922.	
e **Total.** Add lines 11a-11d ▶			803,432.			
12 **Total revenue.** See instructions. ▶			8,416,118.	7,678,291.	127,922.	0.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	4,846,027.	4,333,365.	512,662.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	205,222.	186,074.	19,148.	
10 Payroll taxes	462,055.	372,094.	89,961.	
11 Fees for services (non-employees):				
a Management				
b Legal	15,867.	180.	15,687.	
c Accounting	49,638.	199.	49,414.	25.
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.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	16,934.	6,250.	10,684.	
17 Travel	3,051.	17.	3,034.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	139,075.	61,101.	33,841.	44,133.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	401,892.	108,399.	202,545.	90,948.
23 Insurance	219,532.	166,226.	53,219.	87.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOME OFFICE ALLOCATION	497,314.		497,314.	
b EQUIPMENT RENTAL AND MA	411,880.	339,773.	71,593.	514.
c FOOD AND BEVERAGE	274,575.	270,270.	4,305.	
d ELECTRICITY	200,456.	143,018.	56,770.	668.
e All other expenses SEE SCH O	1,037,235.	622,735.	413,580.	920.
25 **Total functional expenses.** Add lines 1 through 24e	8,780,753.	6,609,701.	2,033,757.	137,295.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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		505,954.	1	334,090.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,224,108.	4	1,047,814.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		22,552.	7	22,552.
	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 15,807,801.			
	b	Less: accumulated depreciation	10b 6,236,348.	9,578,363.	10c	9,571,453.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		105,378.	12	114,521.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		281,892.	15	237,958.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,718,247.	16	11,328,388.
Liabilities	17	Accounts payable and accrued expenses		1,146,734.	17	698,101.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,862,473.	23	2,634,926.
	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		720,566.	25	720,566.
	26	**Total liabilities.** Add lines 17 through 25		4,729,773.	26	4,053,593.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,988,474.	27	7,274,795.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,988,474.	33	7,274,795.
	34	Total liabilities and net assets/fund balances		11,718,247.	34	11,328,388.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,416,118.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,780,753.
3	Revenue less expenses. Subtract line 2 from line 1	3	-364,635.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,988,474.
5	Net unrealized gains (losses) on investments	5	10,527.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	640,429.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,274,795.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII .....

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
CCARC, INC	59-1154716

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6520491.	6902787.	7110049.	8002086.	7513284.	36048697.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6520491.	6902787.	7110049.	8002086.	7513284.	36048697.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						36048697.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	6520491.	6902787.	7110049.	8002086.	7513284.	36048697.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	287.	737.	783.	1,417.	310.	3,534.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						36052231.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.99 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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 ..... ▶ ☐

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 ▶ ☐

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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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.)

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

CCARC, INC

Employer identification number

59-1154716

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 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).

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
CCARC, INC	59-1154716

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	CRYSTAL RIVER SEARCH & RESCUE, INC. 148 NE 5TH ST CRYSTAL RIVER, FL 34423	$ 102,000.	Person ☐ Payroll ☐ Noncash ☒ X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: CCARC, INC

Employer identification number: 59-1154716

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	CITRUS COUNTY LAND, LOTS 13,14,15,16 &17, BARCOS ADDITION TO CRYSTAL RIVER	$ 102,000.	02/16/17
		$	
		$	
		$	
		$	
		$	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of organization

CCARC, INC

Employer identification number

59-1154716

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

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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

2017

Open to Public Inspection

Name of the organization
CCARC, INC

Employer identification number
59-1154716

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 (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,621,442.		1,621,442.
b Buildings		9,999,315.	6,236,348.	3,762,967.
c Leasehold improvements				
d Equipment		3,922,482.		3,922,482.
e Other		264,562.		264,562.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				9,571,453.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO AFFILIATE	720,566.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	720,566.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,387,553.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	10,527.		
b	Donated services and use of facilities	2b	60,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	70,527.
3	Subtract line **2e** from line **1**			3	8,317,026.
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	99,092.		
c	Add lines **4a** and **4b**			4c	99,092.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,416,118.

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	8,840,753.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	60,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	60,000.
3	Subtract line **2e** from line **1**			3	8,780,753.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	8,780,753.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UNDER THESE PROVISIONS, NO TAX IS PAID ON INCOME IT RECEIVES AS LONG AS IT MAINTAINS ITS TAX EXEMPT STATUS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ASSOCIATION ANNUALLY FILES IRS FORM 990 AS REQUIRED FOR NOT-FOR-PROFIT ORGANIZATIONS. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES FOR THE LAST THREE PRECEDING YEARS. IN ADDITION, THE ASSOCIATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON ASSET DISPOSAL 99,092.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

SCHEDULE D, PART XI, LINE 4B

THE AMOUNT $99,092 IS A GAIN ON ASSET DISPOSAL REPORTED IN THE AUDITED FINANCIAL STATEMENT AS OTHER CHANGES IN NET ASSETS.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
CCARC, INC

Employer identification number
59-1154716

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADULT DAY TRAINING, TRANSPORTATION, COMMUNITY BASED EMPLOYMENT AND SUPPORTED INDEPENDENT LIVING PROVIDED UNDER TITLE XX OF THE SOCIAL SECURITY ACT AND MEDWAIVER. APPROXIMATELY 250 PARTICIPANTS. LONG-TERM AND INTERMEDIATE RESIDENTIAL CARE ADMINISTERED BY THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND ACLF FACILITIES, RECEIVING FLORIDA MEDICAID TITLE XIX AND HUD SECTION 8.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PROVIDED TO THE GOVERNING BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY IS DONE BY THE BOARD VERY INFORMALLY DUE TO THE TRANSPARENT AND/OR NONEXISTENT NATURE OF THE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD UNDERTAKES A STATEWIDE, COMPETITIVE REVIEW THAT IS APPROVED BY VOTE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

CONTRACT SERVICES:

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

PROGRAM SERVICE EXPENSES	4,671.
MANAGEMENT AND GENERAL EXPENSES	126,538.
FUNDRAISING EXPENSES	754.
TOTAL EXPENSES	131,963.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,926.
MANAGEMENT AND GENERAL EXPENSES	113,130.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	115,056.
WORKER'S COMP INSURANCE:	
PROGRAM SERVICE EXPENSES	100,861.
MANAGEMENT AND GENERAL EXPENSES	10,179.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	111,040.
GAS/OIL.DIESEL:	
PROGRAM SERVICE EXPENSES	84,728.
MANAGEMENT AND GENERAL EXPENSES	4,653.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	89,381.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	68,709.
MANAGEMENT AND GENERAL EXPENSES	16,409.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85,118.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

KEY KAFE:

PROGRAM SERVICE EXPENSES	82,553.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	82,553.

WATER/SEWER:

PROGRAM SERVICE EXPENSES	59,168.
MANAGEMENT AND GENERAL EXPENSES	19,520.
FUNDRAISING EXPENSES	14.
TOTAL EXPENSES	78,702.

INTERNET:

PROGRAM SERVICE EXPENSES	42,308.
MANAGEMENT AND GENERAL EXPENSES	11,202.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,510.

CLEANING HOUSEKEEPING:

PROGRAM SERVICE EXPENSES	52,449.
MANAGEMENT AND GENERAL EXPENSES	627.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,076.

SUPPLIES:

PROGRAM SERVICE EXPENSES	31,382.
MANAGEMENT AND GENERAL EXPENSES	10,627.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,009.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	61.
MANAGEMENT AND GENERAL EXPENSES	26,262.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,323.
CABLE TV:	
PROGRAM SERVICE EXPENSES	20,244.
MANAGEMENT AND GENERAL EXPENSES	3,977.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,221.
FURNITURE & MAJOR PURCHASES:	
PROGRAM SERVICE EXPENSES	18,647.
MANAGEMENT AND GENERAL EXPENSES	3,964.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,611.
MEMBERSHIP/DUES:	
PROGRAM SERVICE EXPENSES	2,180.
MANAGEMENT AND GENERAL EXPENSES	18,649.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,829.
PROPERTY TAXES:	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

PROGRAM SERVICE EXPENSES	10,367.
MANAGEMENT AND GENERAL EXPENSES	9,163.
FUNDRAISING EXPENSES	78.
TOTAL EXPENSES	19,608.
MEDIA AND ADVERTISING:	
PROGRAM SERVICE EXPENSES	2,280.
MANAGEMENT AND GENERAL EXPENSES	14,649.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,929.
PEST CONTROL:	
PROGRAM SERVICE EXPENSES	13,519.
MANAGEMENT AND GENERAL EXPENSES	978.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,497.
EMPLOYEE REQUIREMENTS:	
PROGRAM SERVICE EXPENSES	11,888.
MANAGEMENT AND GENERAL EXPENSES	1,882.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,770.
REGULATORY FEES:	
PROGRAM SERVICE EXPENSES	4,229.
MANAGEMENT AND GENERAL EXPENSES	2,644.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,873.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

EMPLOYEE RECOGNITION:	
PROGRAM SERVICE EXPENSES	439.
MANAGEMENT AND GENERAL EXPENSES	5,474.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,913.
EDUCATION:	
PROGRAM SERVICE EXPENSES	2,475.
MANAGEMENT AND GENERAL EXPENSES	2,957.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,432.
FUEL:	
PROGRAM SERVICE EXPENSES	5,044.
MANAGEMENT AND GENERAL EXPENSES	126.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,170.
TAX/TAG/TRANSFER:	
PROGRAM SERVICE EXPENSES	4,514.
MANAGEMENT AND GENERAL EXPENSES	347.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,861.
POSTAGE AND SHIPPING:	
PROGRAM SERVICE EXPENSES	1,102.
MANAGEMENT AND GENERAL EXPENSES	2,794.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,896.
CLIENT ACTIVITIES:	
PROGRAM SERVICE EXPENSES	3,238.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	74.
TOTAL EXPENSES	3,312.
PUBLICATION AND NEWSLETTER:	
PROGRAM SERVICE EXPENSES	519.
MANAGEMENT AND GENERAL EXPENSES	2,734.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,253.
SPECIFIC ASSISTANCE:	
PROGRAM SERVICE EXPENSES	2,441.
MANAGEMENT AND GENERAL EXPENSES	6.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,447.
COMMUNITY DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	119.
MANAGEMENT AND GENERAL EXPENSES	2,063.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,182.
COST OF PRODUCTION:	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,026.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,026.
SFE ADJUSTMENT:	
PROGRAM SERVICE EXPENSES	248.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	248.
DISCOUNTS:	
PROGRAM SERVICE EXPENSES	-9,574.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-9,574.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	1,037,235.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS TO CCARC	640,429.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CCARC, INC

Employer identification number

59-1154716

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	(g) Section 512(b)(13) controlled entity? No
KEY CENTER FOUNDATION, INC. - 59-3200079 5399 W GULF TO LAKE HWY LECANTO, FL 34442	FUNDRAISING FOR RELATED ENTITIES	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY LIGHT HOMES, INC. - 59-2933348 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION FOR DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY CENTER HOMES, INC. - 59-3129990 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY VISTA APARTMENTS, INC. - 59-3280134 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

732161 09-11-17 LHA

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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 organization? Yes	(g) Section 512(b)(13) controlled organization? No
KEY MANOR APARTMENTS, INC - 59-2984975 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	KEY CENTER FOUNDATION	J	60,000.	FMV
(2)	KEY CENTER FOUNDATION	S	640,429.	INVOICE
(3)				
(4)				
(5)				
(6)				

Packet Pg. 1340
B.1.0
Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

732164 09-11-17

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Packet Pg. 1341

B.1.0

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
CCARC, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 5399 W GULF TO LAKE HWY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code LECANTO, FL 34461

D Employer identification number 59-1154716

E Telephone number 352-795-5441

G Gross receipts $ 8,552,333.

F Name and address of principal officer: MELISSA WALKER
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: ▶ KEYTRAININGCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1966 M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE CARE, HOUSING, AND EDUCATION TO DEVELOPMENTALLY DISABLED, MENTALLY RETARDED ADULTS.	
	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)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	541
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	116,382.
	b	Net unrelated business taxable income from Form 990-T, line 38	-126,327.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	609,905.	1,059,262.
	9	Program service revenue (Part VIII, line 2g)	6,903,379.	6,775,911.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,402.	1,092.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	803,432.	716,068.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,416,118.	8,552,333.
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)	5,513,304.	5,583,163.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 144,512.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,267,449.	2,379,300.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,780,753.	7,962,463.
	19	Revenue less expenses. Subtract line 18 from line 12	-364,635.	589,870.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	11,328,388.	11,810,862.
	21	Total liabilities (Part X, line 26)	4,053,593.	3,798,969.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,274,795.	8,011,893.

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 — Date

▶ MELISSA WALKER, EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ROBERT C. WARDLOW III	Preparer's signature	Date: 02/04/20	Check ☐ if self-employed	PTIN: P00168703
Firm's name ▶ WARDLOW & CASH, P.A.			Firm's EIN ▶ 59-1638720	
Firm's address ▶ 450 PLEASANT GROVE ROAD INVERNESS, FL 34452			Phone no. (352) 726-8130	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

832001 12-31-18 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2018)

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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:
PROVIDE CARE, HOUSING, AND EDUCATION TO DEVELOPMENTALLY DISABLED, MENTALLY RETARDED ADULTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 4,166,211. including grants of $ _____) (Revenue $ _____)
LONG-TERM AND INTERMEDIATE RESIDENTIAL CARE ADMINISTERED BY THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND ACLF FACILITIES, RECEIVING FLORIDA MEDICAID TITLE XIX AND HUD SECTION 8

4b (Code: _____) (Expenses $ 1,995,058. including grants of $ _____) (Revenue $ _____)
ADULT DAY TRAINING, TRANSPORTATION, COMMUNITY BASED EMPLOYMENT AND SUPPORTED INDEPENDENT LIVING PROVIDED UNDER TITLE XX OF THE SOCIAL SECURITY ACT AND MEDWAIVER. APPROXIMATELY 239 PARTICIPANTS

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 6,161,269.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 541			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
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

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

MELISSA WALKER - 352-795-5541

5399 W GULF TO LAKE HWY, LECANTO, FL 34442

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYN ZEMANIK VICE PRESIDENT	2.00	X		X				0.	0.	0.
(2) DENNIS J VICK TREASURER	2.00	X		X				0.	0.	0.
(3) E DAVID DETMER PRESIDENT	2.00	X		X				0.	0.	0.
(4) JAMES MORTON CORR SECRETARY	2.00	X		X				0.	0.	0.
(5) RUTH LEVINS REC SECRETARY	2.00	X		X				0.	0.	0.
(6) SAMUEL JOYNER DIRECTOR	2.00	X						0.	0.	0.
(7) DALE COBURN DIRECTOR	2.00	X						0.	0.	0.
(8) MATT BECK DIRECTOR	2.00	X						0.	0.	0.
(9) IRENE HUPP DIRECTOR	2.00	X						0.	0.	0.
(10) BRYAN MELHADO DIRECTOR	2.00	X						0.	0.	0.
(11) CHRIS MOLING DIRECTOR	2.00	X						0.	0.	0.
(12) LYNN KIRBY DIRECTOR	2.00	X						0.	0.	0.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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
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

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	359,262.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	700,000.			
	g Noncash contributions included in lines 1a-1f: $ 822,850.					
	h Total. Add lines 1a-1f		1,059,262.			
Program Service Revenue		Business Code				
	2a CLIENT SERVICES	623990	6,552,042.	6,552,042.		
	b OTHER	623990	191,750.	191,750.		
	c FOOD STAMPS	623990	32,119.	32,119.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		6,775,911.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,092.	1,092.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a WORKSHOP SALES	900099	318,725.	318,725.		
	b RENTAL INCOME	532000	197,525.	197,525.		
	c TV PROGRAM	515100	116,382.		116,382.	
	d All other revenue	900099	83,436.	83,436.		
	e Total. Add lines 11a-11d		716,068.			
	12 Total revenue. See instructions		8,552,333.	7,376,689.	116,382.	0.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,583,163.	4,478,768.	1,100,974.	3,421.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	186,811.	48,081.	138,730.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	73,759.	40,434.	32,116.	1,209.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	137,370.	54,681.	36,696.	45,993.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	429,858.	189,201.	147,471.	93,186.
23 Insurance	226,901.	182,422.	44,363.	116.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INTERNET AND UTILITIES	490,675.	416,951.	73,724.	
b SUPPLIES	427,237.	408,813.	18,424.	
c MAINTENANCE	269,757.	241,291.	28,466.	
d FUEL	93,715.	89,177.	4,538.	
e All other expenses	43,217.	11,450.	31,180.	587.
25 **Total functional expenses.** Add lines 1 through 24e	7,962,463.	6,161,269.	1,656,682.	144,512.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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	334,090.	1	75,780.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,047,814.	4	1,008,267.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	22,552.	7	22,552.
	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: 17,038,984.			
	b	Less: accumulated depreciation — 10b: 6,666,205.	9,571,453.	10c	10,372,779.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	114,521.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	237,958.	15	331,484.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	11,328,388.	16	11,810,862.
Liabilities	17	Accounts payable and accrued expenses	698,101.	17	607,710.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,634,926.	23	2,470,693.
	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	720,566.	25	720,566.
	26	**Total liabilities.** Add lines 17 through 25	4,053,593.	26	3,798,969.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	7,274,795.	27	8,011,893.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,274,795.	33	8,011,893.
	34	Total liabilities and net assets/fund balances	11,328,388.	34	11,810,862.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,552,333.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,962,463.
3	Revenue less expenses. Subtract line 2 from line 1	3	589,870.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,274,795.
5	Net unrealized gains (losses) on investments	5	-2,647.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	149,875.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,011,893.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII .....

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
CCARC, INC	59-1154716

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6902787.	7110049.	8002086.	7513284.	7898673.	37426879.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6902787.	7110049.	8002086.	7513284.	7898673.	37426879.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						37426879.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	6902787.	7110049.	8002086.	7513284.	7898673.	37426879.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	737.	783.	1,417.	310.	1,092.	4,339.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						37431218.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.99 %

16a **33 1/3% support test - 2018.** 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 - 2017.** 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 - 2018.** 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 - 2017.** 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 ..... ▶ ☐

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 ▶ ☐

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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.** Al other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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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.)

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

CCARC, INC

Employer identification number

59-1154716

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 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).

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of organization

CCARC, INC

Employer identification number

59-1154716

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	BLIND AMERICANS INC 6055 N CARL ROSE HWY HERNANDO , FL 34442	$ 700,000.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: CCARC, INC

Employer identification number: 59-1154716

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	LAND, BUILDING WITH LIVING AREA BATHROOM AND 3 BEDROOMS AT 6055 N CARL ROSE HWY, HERNANDO FL 34442	$ 700,000.	06/30/19
		$	
		$	
		$	
		$	
		$	

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of organization

CCARC, INC

Employer identification number

59-1154716

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

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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

2018

Open to Public Inspection

Name of the organization
CCARC, INC

Employer identification number
59-1154716

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 (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,825,935.		1,825,935.
b Buildings		10,926,216.	6,666,205.	4,260,011.
c Leasehold improvements				
d Equipment		4,130,231.		4,130,231.
e Other		156,602.		156,602.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				10,372,779.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO AFFILIATE	720,566.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	720,566.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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	10,632,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-2,646.		
b	Donated services and use of facilities	2b	63,500.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,019,789.		
e	Add lines 2a through 2d			2e	2,080,643.
3	Subtract line 2e from line 1			3	8,552,333.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	8,552,333.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,664,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	63,500.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,638,999.		
e	Add lines 2a through 2d			2e	2,702,499.
3	Subtract line 2e from line 1			3	7,962,463.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	7,962,463.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UNDER THESE PROVISIONS, NO TAX IS PAID ON INCOME IT RECEIVES AS LONG AS IT MAINTAINS ITS TAX EXEMPT STATUS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ASSOCIATION ANNUALLY FILES IRS FORM 990 AS REQUIRED FOR NOT-FOR-PROFIT ORGANIZATIONS. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES FOR THE LAST THREE PRECEDING YEARS. IN ADDITION, THE ASSOCIATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT AND GENERAL ALLOCATIONS	2,019,789.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT AND GENERAL ALLOCATIONS	1,865,217.
DEVEOPMENTAL AND RESIDENTIAL ALLOCATIONS	773,782.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,638,999.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

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	X	1	700,000.	FAIR MARKET VALUE
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 ▶ ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
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?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: CCARC, INC

Employer identification number: 59-1154716

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADULT DAY TRAINING, TRANSPORTATION, COMMUNITY BASED EMPLOYMENT AND SUPPORTED INDEPENDENT LIVING PROVIDED UNDER TITLE XX OF THE SOCIAL SECURITY ACT AND MEDWAIVER. APPROXIMATELY 250 PARTICIPANTS. LONG-TERM AND INTERMEDIATE RESIDENTIAL CARE ADMINISTERED BY THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND ACLF FACILITIES, RECEIVING FLORIDA MEDICAID TITLE XIX AND HUD SECTION 8.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PROVIDED TO THE GOVERNING BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY IS DONE BY THE BOARD VERY INFORMALLY DUE TO THE TRANSPARENT AND/OR NONEXISTENT NATURE OF THE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD UNDERTAKES A STATEWIDE, COMPETITIVE REVIEW THAT IS APPROVED BY VOTE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFERS TO CCARC 769,085.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization	Employer identification number
CCARC, INC	59-1154716

HOA ALLOCATIONS INCOME LESS HOA ALLOCATION EXPENSES	-619,210.
TOTAL TO FORM 990, PART XI, LINE 9	149,875.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CCARC, INC

Employer identification number

59-1154716

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	(g) Section 512(b)(13) controlled entity? No
KEY CENTER FOUNDATION, INC. - 59-3200079 5399 W GULF TO LAKE HWY LECANTO, FL 34442	FUNDRAISING FOR RELATED ENTITIES	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY LIGHT HOMES, INC. - 59-2933348 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION FOR DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY CENTER HOMES, INC. - 59-3129990 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X
KEY VISTA APARTMENTS, INC. - 59-3280134 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

832161 10-02-18 LHA

Packet Pg. 1376

B.1.0

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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 organization? Yes	(g) Section 512(b)(13) controlled organization? No
KEY MANOR APARTMENTS, INC - 59-2984975 5399 W GULF TO LAKE HWY LECANTO, FL 34442	CARE AND EDUCATION OF DISABLED ADULTS	FLORIDA	501(C)(3)	170(B)(1)(A)(VI)			X

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	KEY CENTER FOUNDATION	J	60,000.	FMV
(2)	KEY CENTER FOUNDATION	S	769,084.	INVOICE
(3)				
(4)				
(5)				
(6)				

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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B.1.0

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

832164 10-02-18

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

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B.1.0

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC

2 Business name/disregarded entity name, if different from above
DBA KEY TRAINING CENTER

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
5399 W GULF TO LAKE HWY

Requester's name and address (optional)

6 City, state, and ZIP code
LECANTO FL 34461

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
5 9 - 1 1 5 4 7 1 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 1/19/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Attachment: 25 NPG1 Non-Profit Grant Packet- Key Training Center (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

Citrus County Education Foundation, Inc.

Application

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Citrus County
Board of County Commissioners

Non-Profit Grant
& Application Guidelines

Citrus County Government Building
3600 W. Sovereign Path
Lecanto, FL 34461
(352) 527-5207
CARES@citrusbocc.com
https://www.citrusbocc.com/

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

SUMMARY

The Citrus County Board of County Commissioners (BOCC) will award grants to 501(C)(3) nonprofit organizations to assist Citrus County citizens adversely affected due to COIVD 19. The Citrus County Nonprofit Grant Program will provide a grant for food purchase/distribution, and/or health care expenses to eligible 501(C)(3) organizations.

The grant funds are intended to supplement the organization's budget and are restricted in use for Food distribution programs and Health Care Programs. **All grant funds must be used in Citrus County for Citrus County residents.**

The amount of the grant award is based on the organization's request for funding, providing the required documentation, availability of funding, and the organization's food and health care delivery plan.

Applicants must conform to the Citrus County's policies and procedures as specified. Applicants failing to conform to the policies and procedures will not be considered for funding. **The BOCC must approve all funding requests**. Funds will be disbursed after approval of the grant award via an advanced payment and will require receipts of eligible grant expenses to be remitted within six months of the grant award. If the full grant award is not used by the organization, all unused funding will be returned to Citrus County.

APPLICATION SCHEDULE

A completed application must be submitted by February 26, 2021 at 5 p.m.; including an IRS W-9 form; Form 990 filings for the past three years; and a formal presentation to the BOCC, scheduled for March 16, 2021. Applications are accepted online at: www.cares@citrusbocc.com.

Deadlines are strictly enforced. All materials submitted with an Application will become a matter of public record, open to inspection by any citizen of the State of Florida subject to Chapter 119, Florida State Statutes.

There are no guarantees that applicants will be awarded funding. Even though a program may qualify, limited funds may not allow all programs to receive assistance. Decisions regarding the award of funds are at the sole discretion of the BOCC.

PRESENTATIONS

Presentations are mandatory and can only be given on the BOCC's Special Meeting date scheduled for March 16, 2021 at 9:00AM in the Citrus County Courthouse, Board Chambers, 110 S. Apopka Street, Inverness, Florida 34450. Presentation time is limited to fifteen (15) minutes with Q&A from BOCC. Following the presentation, the BOCC will review the grant and vote on a budget allotment. Funds cannot be obligated or expended prior to BOCC approval.

ELIGIBLE APPLICANTS

An organization is eligible for the Citrus County Nonprofit program if:

- Applicant attests that the organization was not otherwise grant program's expenses through some city, county, state, or federal program.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

- Applicant must be a 501(C)(3) organization with a principal address in Citrus County (as reported to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services) https://csapp.800helpfla.com/cspublicapp/businesssearch/businesssearch.aspx with operating an address in Citrus County, with operations anticipated to continue in the future.
- Applicant can only provide food & health care related items.
- Applicant's organization cannot be membership group entity.
- Applicant's personnel costs or administrative expenses will not be paid, only actual eligible expenses.
- Applicant's business must demonstrate the organization can service the distribution of food pantry sites and provide health care services sites in any location within Citrus County.
- The Applicant's award will be made via advance payment, and the organization must provide receipts for any eligible reimbursable expense(s) made that will be covered by the grant to include receipts/documentation and expense(s) date the services were rendered or when goods or services were distributed and the location within Citrus County.
- The Applicant must have a 2020-2021 Charitable Organization License issued by the State of Florida Department of Agriculture Division of Consumer Services.

INELIGIBLE APPLICANTS

- Applicant's organization membership group entity.
- An organization with unpaid code enforcement liens or fees due a City and or the County.
- An organization with a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).
- An organization without a 2020-2021 Charitable Organization License issued by the State of Florida Department of Agriculture Division of Consumer Services.
- An entity not being a 501(C)(3) organization with a principal address in Citrus County.

POLICIES

Citrus County organization operational and operations anticipated to continue in the future. The applicant's organization must be 501 (C) (3) non-profit organization. Applicant has a 2020-2021 Charitable Organization License issued by the Florida Department of Agriculture Division of Consumer Services.

Application Requirements

- A completed and signed IRS W-9 Form. The form can be found at: https://www.irs.gov/pub/irs-pdf/fw9.pdf
- Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.
- IRS 990 filings for the past three (3) Years

The Grant is not to be considered a perpetual funding source. All grant funds must be used within cities and communities within the borders of Citrus County. Any used grant funding will be returned to Citrus

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

County.

PROCEDURES

County Staff will review the grant applications to determine if all criteria are met prior to BOCC review. After submission, the BOCC will determine whether the program is appropriate for nonprofit grant funds.

At the BOCC Special Meeting scheduled for March 16, 2021, the BOCC will evaluate each Nonprofit Grant application. The BOCC, at its discretion, may approve or reject any application.

There are no guarantees that applicants will be awarded funding. Even though a program may qualify, limited funds may not allow all applicants to receive assistance. Decisions regarding the award of funds are at the sole discretion of the BOCC.

EVALUATION CRITERIA

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens.

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Applications must conform to the policies and procedures specified by the BOCC. Any application that is not in compliance will not be considered for funding.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

QUESTIONS

Q: How do I find my active Charity registration?
A: Search by "Business Name" on Check-A-Charity (use full legal business name), select listing with "Search", and attach most recent filing as a screenshot (if applicable). Please contact the Florida Department of Agriculture and Consumer Services for more information 1-800-HELP-FLA.

Q: How do I find information on Florida Charities?
A: https://www.fdacs.gov/Consumer-Resources/Charities/Charities-FAQ

Q: How will I submit my documents to you?
A: Clear legible scans, photos, and screen shots of the required documents can be uploaded.

Q: Can for profit organizations apply?
A: No, for profit organizations cannot apply.

Q: Are home-based business eligible to apply?
A: No, a home-based organization is not eligible.

Q: What happens if I do not include all of the required documents when I submit my application?
A: Only submit your application when you are able to provide the required documents. Applications will only be considered when they are submitted in their entirety.

Q: Can I apply in person or by mail?
A: No. The application must be completed online. Submit only once you are able to provide all of the required documents.

Q: What happens if my organization is awarded this grant?
A: The BOCC will make the determination at the Commission meeting when presentations are completed. Funds will be issued by check to the place of the organization.

Q: What if I have questions?
A: Please call (352) 527-5207 or email CARES@citrusbocc.com

AWARD PROCESS AND FUNDING AMOUNTS

If funding is approved by the Citrus County Board of County Commissioners, an award letter will be issued.

Due to the grant award payment advance, receipts and back-up information will need to be submitted to cares@citrusbocc.com .

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

The following are examples of how funds ***may*** be used:

Food Pantry Distribution

Health Care Services

Mental Health Services

Food (Perishable Consumed Items)

Food Storage

Baby formula and baby care products

Emergency boxes of Fruits

Emergency boxes of Vegetables

Emergency boxes of Meats

Other USDA government backed commodities

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

APPLICATION REQUEST

Organization Information

Organization: Citrus County Education Foundation Inc.

Primary Contact: Shaunda Burdette

Address: P.O. Box 2004

City: Inverness Zip: 34451

Email: burdettes@citrusschools.org

Phone: (352)726-1931 x2240

Registered as a (501) (C) non-profit corporation? Yes No (Attach proof)

Requested Amount: $73,674.15

Total Budget: _____

* ***Program budget must be submitted together with this application****

Has this program previously received county or grant funding?

Yes X No ____

If you answered yes, please give a short description of the project and date funding was awarded:

In 2020, we received a grant for $4,500 through the Citrus County Tourism Development Council, for the Dragon Boat Festival.

One hundred percent (100%) of the funds awarded to Grant recipients shall be used for the residents in Citrus County.

Briefly describe the mission of your non-profit organization and the food distribution and /or health care services provided in Citrus County.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

The overall mission of the Citrus County Education Foundation is to enhance the quality of education for present and future generations. Although our students were faced with distance learning and brick and mortar schools were halted, CCEF adapted our mission to ensure learning continued and the necessary tools and resources were provided. The health and well-being of our families as well as meeting basic needs became our top priority. With the arrival of COVID 19, we became a lifeline to many of the families in our community. Serving alongside the CCSD, we assisted in preparing food and we loaded busses every single day and started a boots-on-the-ground approach to meeting the needs of our families. Families that had immune compromised members and positive cases took top priority, along with any family who did not have access to the internet. We aligned with the Citrus County School District to make sure all food could be kept cold and stored for delivery. We began reaching out to internet companies looking for additional resources for families. Through the unwavering determination and assistance of our board of directors, we were able to receive assistance on a state and national level, in terms of quality internet. As the pandemic continued, many families found themselves in a very frustrated and unsettling circumstance, and additional school supplies were distributed. We once again reached out to our board of directors, and more than 100 friends of the foundation, who began to help us create a "Community of Care". We began sectioning off neighborhoods and having a group adopt each one, to ensure we were reaching as many families in need as possible. We built relationships with many families who had never needed assistance before and did not know how to obtain assistance. We wanted our community to know that we were all in this together and that we were going to be a stronger Citrus County because of it. When students made the move from brick & mortar to distance learning, CCEF followed them home and knocked on their doors to ensure our students were thriving.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

Please explain the intended use of funding.

These funds will be used for our emergent fund, to further assist families in need. With the number of families who will be working to meet the needs of the family budget, the foundation will continue to assist in ensuring that students and families have the best possible environment for children to thrive and be academically successful. If the family is experiencing loss of income, the household can become a hostile environment for the child; food and shelter become priority and resources for school cannot be provided by the parent or guardian. It is the goal of the foundation to ensure every child has the tools and resources to enable them to reach their full academic potential.

Please provide detailed information on your organization's food distribution and/or health care service deployment plan?

Throughout the pandemic CCEF has worked to create a "Community of Care" by partnering with other organizations to ensure as many needs can be met as possible on a daily basis. Our volunteers either jumped on a bus in neighborhood, or loaded their personal vehicles to assist. We began taking calls daily and assessing the needs. CCEF then delivered to each and every home in need. We knew that many of these families, especially in the beginning were one paycheck away from poverty. We wanted to act quickly and began deploying food and school supplies the moment school shut down. We also began providing individual hotspots and working with internet providers to assist families from day one. We will continue to serve families 2x weekly with additional food and resources. These are the families who are on the cusp of needing long term assistance but can navigate daily with the assistance provided to them. Parents will drive up to the school locations and CCEF will help distribute additional "school based" lunches, and any needs that are then identified.

How will Citrus County benefit from your services?

Economically disadvantaged school aged children and their families will continue to have quality internet service, for not only school based needs but for tele health issues as well. Families can feel confident that if a child's school supplies and or basic needs are suffering, the foundation can step in an assist. By building lasting relationships with our families, the stress on the family can be reduced and a healthier environment is created.

How many projected citizens of Citrus County will benefit from your organization's services if awarded this grant funding?

We have assisted more than 400 individual students and their families with additional resources for basic needs. We will continue to grow this number daily. The number of families who will benefit from quality internet service will continue to grow as internet becomes a want not a need in many households. CCEF positively impacts more than 16k students a year with our Supplies 4 Success Free Teacher Store.

List your organization's service locations in Citrus County?

We serve all public schools in Citrus County. Through our many programs we have impacted more that 16k students and every employee of the Citrus County School District.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

How many years has your organization served Citrus County?

CCEF has been serving Citrus County for 32 years.

List the types of services your organization provides with food distribution services and/or health care services in Citrus County?

Through school site distribution at all school sites and bus route locations in the early stages of the pandemic, to the current 2x weekly distribution, we continue to provide the following:

- Internet service
- Toiletries (Shampoo, soap, deodorant, toothbrush, toothpaste, sanitary napkins etc.)
- Clothing (Shoes, socks, under garments, pants, shorts, shirts)
- School Supplies -all age groups;
- Antibacterial wipes, sanitizer, masks

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

I, Shaunda Burdette, the Applicant, have reviewed this Application for the Non-Profit Grant and concur with the information submitted herein. To the best of my knowledge and belief, the information contained in this Application and its attachments is accurate and complete. If funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, the Applicant, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds be via an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

Shaunda Burdette

Authorized Agent Signature

02/25/21

Date

Shaunda Burdett

Print Name

Executive Director, CCEF

Title

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

APPLICATION CHECKLIST

(Checklist for presentation to BOCC)

Please Provide the Following. Some of the below can be covered in the application questions:

- ☑ Outline Strategic food distribution and/or health care service delivery options (detailed)
- ☑ Deployment dates and timing
- ☑ Amount requested
- ☑ Detailed Budget: including all itemized cost with expenses
- ☑ Service locations in Citrus County
- ☑ Intended use of funds
- ☑ How will Citrus County benefit from the project?
- ☑ How many anticipated Citrus County citizens will be served if you receive grant funding?
- ☑ Potential impact coverage to all local Citrus County communities?
- ☐ List past county or grant funding received food disbursements and/or health care services?
- ☑ How do you intend to accomplish your slated objectives?
- ☑ If the applicant wishes to present a PowerPoint presentation or has digital information to display, please email cares@citrusbocc.com your files and your information by February 26, 2021 at 5:00PM.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000026

Shaunda Burdette - burdettes@citrusschools.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 25 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Citrus County Education Foundation Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

1201 W. Main St.

Inverness, FL 34450

Mailing Address for Grant Check

Name

Shaunda Burdette

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

Citrus County Education Foundation Inc.

Address

P.O. Box 2004

Address 2

(No response)

City

Inverness

State

Florida

ZIP

34451

Country

United States

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

burdettes@citrusschools.org

Phone Number

352-812-0409

Business Website Address

https://www.citruseducation.org/

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59-3138328

Application Information

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

The overall mission of the Citrus County Education Foundation is to enhance the quality of education for present and future generations. Although our students were faced with distance learning and brick and mortar schools were halted, CCEF adapted our mission to ensure learning continued and the necessary tools and resources were provided. The health and well-being of our families as well as meeting basic needs became our top priority. With the arrival of COVID 19, we became a lifeline to many of the families in our community. Serving alongside the CCSD, we assisted in preparing food and we loaded busses every single day and started a boots-on-the-ground approach to meeting the needs of our families. Families that had immune compromised members and positive cases took top priority, along with any family who did not have access to the internet. We aligned with the Citrus County School District to make sure all food could be kept cold and stored for delivery. We began reaching out to internet companies looking for additional resources for families. Through the unwavering determination and assistance of our board of directors, we were able to receive assistance on a state and national level, in terms of quality internet. As the pandemic continued, many families found themselves in a very frustrated and unsettling circumstance, and additional school supplies were distributed. We once again reached out to our board of directors, and more than 100 friends of the foundation, who began to help us create a “Community of Care”. We began sectioning off neighborhoods and having a group adopt each one, to ensure we were reaching as many families in need as possible. We built relationships with many families who had never needed assistance before and did not know how to obtain assistance. We wanted our community to know that we were all in this together and that we were going to be a stronger Citrus County because of it. When students made the move from brick & mortar to distance learning, CCEF followed them home and knocked on their doors to ensure our students were thriving.

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 73,674.15

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 73674.15

Has this program previously received County grant funding?

Yes

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

In 2020, we received a grant for $4,500 through the Citrus County Tourism Development Council, for the Dragon Boat Festival.

How many years has your organization served Citrus County?

32

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Completed - Feb 25 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Citrus County Education Foundation Inc.
Country: United States
Ein: 593138328
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 25 2021

CCEF W-9 2021

Filename: CCEF_W-9_2021.pdf **Size:** 555.0 kB

Upload a State of Florida charitable organization registration

Completed - Feb 25 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

FL Dept of Agriculture ch4145 2020

Filename: FL_Dept_of_Agriculture_ch4145_2020.pdf **Size:** 153.1 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 25 2021

2016-2017 Tax return 990 for CCEF

Filename: 2016-2017_Tax_return_990_for_CCEF.pdf **Size:** 1.2 MB

2017-2018 Tax return 990 for CCEF

Filename: 2017-2018_Tax_return_990_for_CCEF.pdf **Size:** 1.4 MB

2018-2019 Tax return form 990 for CCEF

Filename: 2018-2019_Tax_return_form_990_for_CCEF.pdf **Size:** 1.3 MB

Upload Evaluation Criteria

Completed - Feb 25 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

CCEF - BOCC Non-Profit Grant Application

Filename: CCEF_-_BOCC_Non-Profit_Grant_Application.pdf **Size:** 4.4 MB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Shaunda Burdette

Applicant Title

Executive Director, Citrus County Education Foundation

Date

Feb 25 2021

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

September 15, 2020 **Refer To: CH4145**

CITRUS COUNTY EDUCATION FOUNDATION, INC.
PO BOX 2004
INVERNESS, FL 34451-2004

RE: CITRUS COUNTY EDUCATION FOUNDATION, INC.
REGISTRATION#: CH4145
EXPIRATION DATE: July 30, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Baity
Regulatory Consultant
850-410-3770
Fax: 850-410-3804
E-mail: tianna.baity@fdacs.gov

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning 07/01/16 , and ending 06/30/17

59-3138328

CITRUS COUNTY EDUCATION FOUNDATION

Net Asset / Fund Balance at Beginning of Year				155,541
Revenue				
Contributions		234,165		
Program service revenue				
Investment income		1,031		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	96,503			
Direct expenses	39,271			
Net income		57,232		
Other income		0		
Total revenue			292,428	
Expenses				
Program services		282,558		
Management and general		20,287		
Fundraising		12,543		
Total expenses			315,388	
Excess / (deficit)				-22,960
Changes				
Net Asset / Fund Balance at End of Year				132,581

Reconciliation of Revenue

Total revenue per financial statements	292,428
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	292,428

Reconciliation of Expenses

Total expenses per financial statements	315,388
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	315,388

Balance Sheet

	Beginning	Ending	Differences
Assets	156,014	134,198	
Liabilities	473	1,617	
Net assets	155,541	132,581	-22,960

Miscellaneous Information

Amended return	
Return / extended due date	05/15/18
Failure to file penalty	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Coleman & Associates CPA Firm
128 Oakwood Plantation Dr
Fleming Isle, FL 32003-4572
904-284-9481

May 15, 2018

CONFIDENTIAL

CITRUS COUNTY EDUCATION FOUNDATION
P.O. BOX 2004
INVERNESS, FL 34451

Dear DAVID:

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,

Coleman & Associates CPA Firm

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Filing Instructions

CITRUS COUNTY EDUCATION FOUNDATION

Exempt Organization Tax Return

Taxable Year Ended June 30, 2017

Date Due: May 15, 2018

Remittance: None is required. Your Form 990 for the tax year ended 6/30/17 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Coleman & Associates CPA Firm
128 Oakwood Plantation Dr
Fleming Isle, FL 32003-4572

Other: Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 20 17

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.***

OMB No. 1545-1878

2016

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

Name and title of officer

WHITE, DAVID
TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 292,428
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Coleman & Associates CPA Firm to enter my PIN 44899 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 05/15/18

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.

50230122889

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Timothy M. Coleman Date ▶ 05/15/18

ERO Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (201

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. [illegible]

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16 , and ending 06/30/17

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CITRUS COUNTY EDUCATION FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
P.O. BOX 2004

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS FL 34451

D Employer identification number
59-3138328

E Telephone number
352-726-1931

G Gross receipts$ 331,69

F Name and address of principal officer:
WHITE, DAVID
1007 W MAIN ST.
Inverness FL 34450

H(a) Is this a group return for subordinates? ☐ Yes ☒ N

H(b) Are all subordinates included? ☐ Yes ☐ N
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.CITRUSEDUCATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992

M State of legal domicile: F

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	254,445	234,16
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,188	1,03
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,708	57,23
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	329,341	292,42

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	165,458	18,80
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)	39,748	45,21
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,543		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	187,034	251,37
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	392,240	315,38
19 Revenue less expenses. Subtract line 18 from line 12	-62,899	-22,96

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	156,014	134,19
21 Total liabilities (Part X, line 26)	473	1,61
22 Net assets or fund balances. Subtract line 21 from line 20	155,541	132,58

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 i true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

WHITE, DAVID TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Timothy M. Coleman	Timothy M. Coleman	05/15/18		P00211587

Firm's name ▶ Coleman & Associates CPA Firm — Firm's EIN ▶ 26-3593932

Firm's address ▶ 128 Oakwood Plantation Dr Fleming Isle, FL 32003-4572 — Phone no. 904-284-948

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Page [illegible] 990 (2016)

Packet Pg. 1411

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 $ 231,453 including grants of $ 17,300) (Revenue $

The Organization provided funds to teachers in the form of mini-grants a supported education in Citrus County by recognizing the teacher and employee of the year. The Organization recognized outstanding performan in the classroom by both teacher and support personnel.

4b (Code:) (Expenses $ 51,105 including grants of $ 1,500) (Revenue $

The Organization received funds Foundations and contributors to support educational activities conducted by the Citrus County District Schools. These programs were used to support District Initiatives.

4c (Code:) (Expenses $ including grants of $) (Revenue $

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 282,558

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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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 instruction*

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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

AMY BARBIERI P.O. BOX 2004

INVERNESS FL 34451 352-726-1931

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[X] 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) SHAUNDA JO BURDETTE EXECUTIVE DIRECTOR	40.00 0.00	X						0	0	0
(2) LINDA RODGERS PRESIDENT	10.00 0.00	X		X				0	0	0
(3) WHITE, DAVID TREASURER	7.00 0.00	X		X				0	0	0
(4) BARBIERI, AMY VICE PRESIDENT	5.00 0.00	X		X				0	0	0
(5) MAUREEN SUMMA SECRETARY	5.00 0.00	X		X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	234,165			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f		234,165			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,031	1,031		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a 96,503				
	b Less: direct expenses	b 39,271				
	c Net income or (loss) from fundraising events		57,232			57,23
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions.		292,428	1,031	0	57,23

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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 ... X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,500	1,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,300	17,300		
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	42,000	33,600	4,200	4,20
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,213	2,571	321	32
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,050		7,050	
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	3,319		1,437	1,88
14 Information technology				
15 Royalties				
16 Occupancy	1,558			1,55
17 Travel	460		460	
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	141		141	
23 Insurance	255		255	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Grant Expenses - Teacher	103,642	103,642		
b Grants - Educational - Di	49,605	49,605		
c Supplies - First Library	24,781	24,781		
d Printing - District Event	8,019	8,019		
e All other expenses	52,545	41,540	6,423	4,58
25 **Total functional expenses.** Add lines 1 through 24e	315,388	282,558	20,287	12,54
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	10,624	1	72,21
	2	Savings and temporary cash investments	141,283	2	61,49
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,484	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 705			
	b	Less: accumulated depreciation — 10b: 223	623	10c	48
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	156,014	16	134,19
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	473	25	1,61
	26	**Total liabilities.** Add lines 17 through 25	473	26	1,61
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	117,507	27	94,54
	28	Temporarily restricted net assets	38,034	28	38,03
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	155,541	33	132,58
	34	Total liabilities and net assets/fund balances	156,014	34	134,19

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	292,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	315,388
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,541
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	132,581

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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B.1.p

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number
59-3138328

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule A (Form 990 or 990-EZ) 2016**

DAA

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,979	287,271	260,061	254,445	234,165	1,108,92
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	72,979	287,271	260,061	254,445	234,165	1,108,92
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						1,108,92

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	72,979	287,271	260,061	254,445	234,165	1,108,92
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,066	1,871	2,089			6,02
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.)	28,274	63,202	157,422	125,187	96,503	470,58
11 **Total support.** Add lines 7 through 10						1,585,53

12	Gross receipts from related activities, etc. (see instructions)	12	1,03
13	**First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶		

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	69.94%
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	71.19%
16a	**33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶		
b	**33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶		
17a	**10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		
b	**10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		
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 ▶		

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

- a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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, 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

$ 374,085

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

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 (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Ye
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $
(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $
b Assets included in Form 990, Part X ▶ $

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Schedule D (Form 990) 2016 **CITRUS COUNTY EDUCATION FOUNDATION 59-3138328** Page **2**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		705	223	48
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				48

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll Liabilities	875
(3) Credit Card Payable	742
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,617

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	292,428
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	292,428
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	292,428

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	315,388
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	315,388
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	315,388

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.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

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** ☐ **N**

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 fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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))
		COUPONS FOR CLA (event type)	SUPERINTENDENTS (event type)	1 (total number)	
Revenue	1 Gross receipts	41,687	33,695	21,121	96,503
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	41,687	33,695	21,121	96,503
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		1,000	4,039	5,039
	6 Rent/facility costs		4,731		4,731
	7 Food and beverages		100		100
	8 Entertainment				
	9 Other direct expenses	21,776	1,243	6,382	29,401
	10 Direct expense summary. Add lines 4 through 9 in column (d)				39,271
	11 Net income summary. Subtract line 10 from line 3, column (d)				57,232

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ N

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ N

b If "Yes," explain:

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ N

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 ☐ N

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ N

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 ☐ N

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

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2016

Open to Publi Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

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 ☒ N

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 ▶

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) (201

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Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Schedule I (Form 990) (2016) CITRUS COUNTY EDUCATION FOUNDATION 59-3138328

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 assistanc
1	Scholarships - Bright Hou		1,000			
2	Scholarships - Golden Cit		8,800			
3	Scholarships - Barbiere H		1,500			
4	Scholarships - Lt. Peter		500			
5	Scholarships - SSFCU		2,000			
6	Scholarships		3,000			
7	Scholarships Summa		500			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

B.1.p

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is *at www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
CITRUS COUNTY EDUCATION FOUNDATION	59-3138328

Form 990 - Organization's Mission

The Citrus County Education Foundation, Inc. provides resources to suppo
Citrus County Schools to enhance the quality of education.
The Foundation is dedicated to:
Encouraging business and community involvement in the public school syste
Promoting creative and innovative educational programs.
Fostering excellence in learning.
Recognizing outstanding achievements of students, teachers, support personnel and administrators.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the tax return is provided to the Executive Director and Treasurer to review the return. After filing, a copy of the tax returns provided to board members.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE DIRECTOR IS HIRED BY THE BOARD OF DIRECTORS. COMPENSATION SET BY THE BOARD OF DIRECTORS AFTER AN ANNUAL REVIEW.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE FOUNDATION PUBLISHES VARIOUS INFORMATION ON ITS WEBSITE. A COPY OF T
AUDIT REPORT IS PROVIDED TO THE FLORIDA AUDITOR GENERAL AND CITRUS COUNTY
PUBLIC SCHOOLS. THE IRS FORM 990 IS PROVIDED TO THE PUBLIC UPON REQUEST.

Form 990, Part IX, Line 24e - Other Expenses

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number: 59-3138328

Description	Program Service	Mgt & General	Fundraising
District Event	$ 7,425	$ 0	$ 0
Meals and Entertainment G	$ 7,371	$ 0	$ 0
Meals & Ent - Teacher Tri	$ 6,865	$ 0	$ 0
Awards and Gifts- Galaxy	$ 3,350	$ 0	$ 0
Supplies - Galaxy of star	$ 2,976	$ 0	$ 0
Cont Services Welcome bac	$ 2,750	$ 0	$ 0
Decorations - Galaxy of S	$ 2,433	$ 0	$ 0
Awards LHS Fishing	$ 2,050	$ 0	$ 0
Adv Promotional Video Min	$ 0	$ 0	$ 2,000
Supplies - Admin	$ 0	$ 1,715	$ 0
Photography Galaxy	$ 1,400	$ 0	$ 0
Supplies -Ed On Grant	$ 1,322	$ 0	$ 0
Dues and Subscriptions -			

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number: 59-3138328

	$ 0	$ 1,280	$ 0
Awards - Foundation Fest			
	$ 0	$ 0	$ 1,150
Bank Charges - Administra			
	$ 0	$ 1,036	$ 0
Meals & Entertainment Adm			
	$ 0	$ 973	$ 0
Supplies Foundation Fest			
	$ 0	$ 0	$ 819
Insurance			
	$ 0	$ 705	$ 0
Meals & Entertainment - E			
	$ 644	$ 0	$ 0
Awards - Coupons for Clas			
	$ 0	$ 0	$ 586
Computer Expenses Admin			
	$ 557	$ 0	$ 0
Gifts - Ed On Grant			
	$ 536	$ 0	$ 0
Adv & Promotional Found F			
	$ 495	$ 0	$ 0
Supplies LHS Fishing Tour			
	$ 407	$ 0	$ 0
Awards - Payroll Campaign			
	$ 347	$ 0	$ 0
Adv & Promo Items			
	$ 344	$ 0	$ 0

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number: 59-3138328

Awards Admin			
$ 0	$ 304	$ 0
Credit card fees - Admin			
$ 0	$ 218	$ 0
Printing - CCEF			
$ 200	$ 0	$ 0
Printing - Administration			
$ 0	$ 131	$ 0
Taxes and Licenses - Admi			
$ 0	$ 61	$ 0
Supplies First Library			
$ 0	$ 0	$ 27
Supplies Mini Grant Cerem			
$ 27	$ 0	$ 0
Meals & Entertainment - T			
$ 25	$ 0	$ 0
Supplies Taste of Inverne			
$ 16	$ 0	$ 0
Total			
$ 41,540	$ 6,423	$ 4,582

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

2016

Attachment Sequence No. 17

Name(s) shown on return: CITRUS COUNTY EDUCATION FOUNDATION

Identifying number: 59-3138328

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 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 2017. 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	141

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 2016	17	(
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	141
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

DAA

There are no amounts For Page 2

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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
Other Depreciation:											
1	LAPTOP COMPUTER	11/26/15	705			705	5	MO	S/L	82	141
	Total Other Depreciation		705			705				82	141
	Total ACRS and Other Depreciation		705			705				82	141
	Grand Totals		705			705				82	141
	Less: Dispositions and Transfers		0			0				0	0
	Less: Start-up/Org Expense		0			0				0	0
	Net Grand Totals		705			705				82	141

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	LAPTOP COMPUTER	11/26/15	705			X	353	5	HY	200DB	423	113
			705				353				423	113
	Grand Totals		705				353				423	113
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		705				353				423	113

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	LAPTOP COMPUTER	11/26/15	705	141	67
	Total Other Depreciation		705	141	67
	Total ACRS and Other Depreciation		705	141	67
	Grand Totals		705	141	67

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2016

For calendar year 2016, or tax year beginning 07/01/16 , and ending 06/30/17

Name

CITRUS COUNTY EDUCATION FOUNDATION

Employer Identification Number

59-3138328

		(a) Other event SCH HUSTLE/FND (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	21,121			21,12
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	21,121			21,12
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,039			4,03
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	6,382			6,38

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Two Year Comparison Report

For calendar year 2016, or tax year beginning 07/01/16 , ending 06/30/17

2015 & 2016

Name

CITRUS COUNTY EDUCATION FOUNDATION

Taxpayer Identification Number

59-3138328

			2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1.	254,445	234,165	-20,280
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	2,188	1,031	-1,157
	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.	72,708	57,232	-15,476
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	329,341	292,428	-36,913
Expenses	13. Grants and similar amounts paid	13.	165,458	18,800	-146,658
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	39,748	45,213	5,465
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	7,250	7,050	-200
	19. Occupancy, rent, utilities, and maintenance	19.	1,920	1,558	-362
	20. Depreciation and Depletion	20.	82	141	59
	21. Other expenses	21.	177,782	242,626	64,844
	22. **Total expenses.** Add lines 13 through 21	22.	392,240	315,388	-76,852
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-62,899	-22,960	39,939
Other Information	24. Total exempt revenue	24.	329,341	292,428	-36,913
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	74,896	58,263	-16,633
	27. Total assets	27.	156,014	134,198	-21,816
	28. Total liabilities	28.	473	1,617	1,144
	29. Retained earnings	29.	155,541	132,581	-22,960
	30. Number of voting members of governing body	30.	18	15	
	31. Number of independent voting members of governing body	31.	18	15	
	32. Number of employees	32.	0	1	
	33. Number of volunteers	33.			

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Tax Return History

2016

Name

CITRUS COUNTY EDUCATION FOUNDATION

Employer Identification Numb

59-3138328

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants		287,271	260,061	254,445	234,165	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income		1,871	2,089	2,188	1,031	
Fundraising revenue (income/loss)		39,636	76,587	72,708	57,232	
Gaming revenue (income/loss)						
Other revenue		1,275				
Total revenue		330,053	338,737	329,341	292,428	
Grants and similar amounts paid		229,150	51,050	165,458	18,800	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		18,870	34,524	39,748	45,213	
Professional fees		6,621	5,825	7,250	7,050	
Occupancy costs			1,549	1,920	1,558	
Depreciation and depletion				82	141	
Other expenses		158,828	157,940	177,782	242,626	
Total expenses		413,469	250,888	392,240	315,388	
Excess or (Deficit)		-83,416	87,849	-62,899	-22,960	
Total exempt revenue		330,053	338,737	329,341	292,428	
Total unrelated revenue						
Total excludable revenue		42,782	78,676	74,896	58,263	
Total Assets		131,935	218,872	156,014	134,198	
Total Liabilities		1,344	432	473	1,617	
Net Fund Balances		130,591	218,440	155,541	132,581	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

B.1.p

Form **990T**

Tax Return History

2016

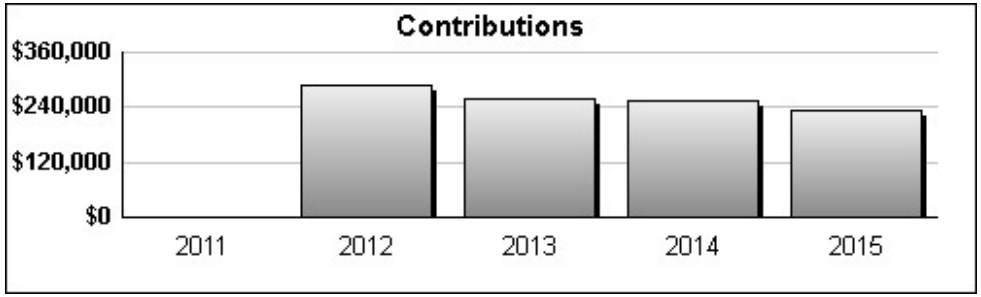
Name

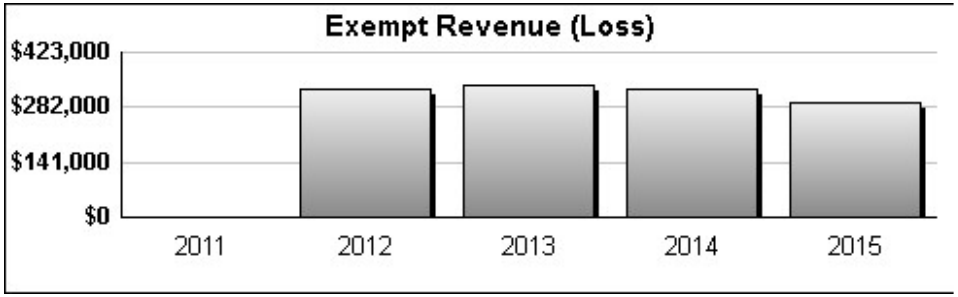
CITRUS COUNTY EDUCATION FOUNDATION

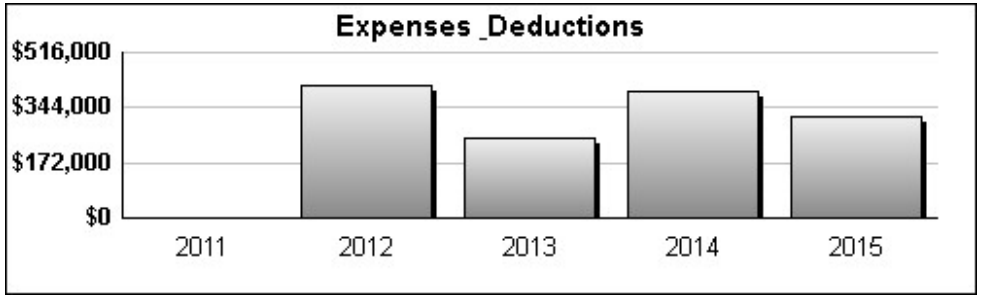
Employer Identification Numb

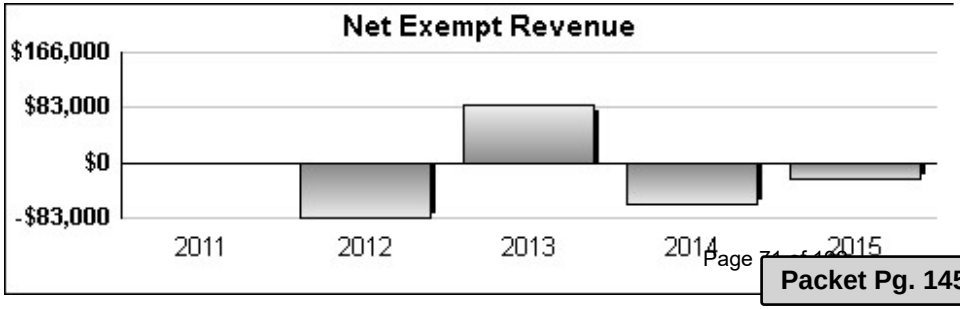
59-3138328

	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						









Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Form **990T**

Tax Return History

2016

Name

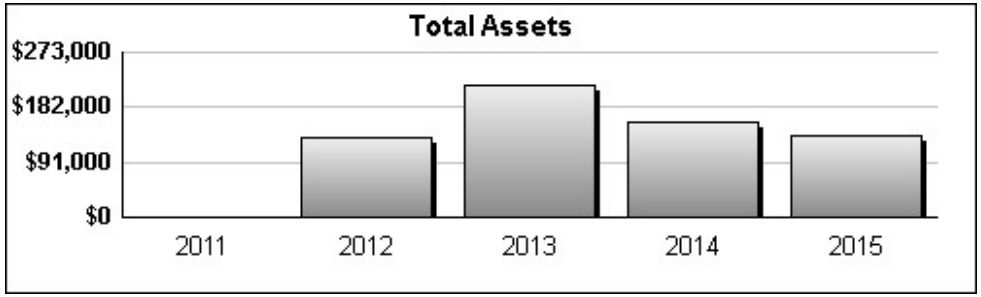
CITRUS COUNTY EDUCATION FOUNDATION

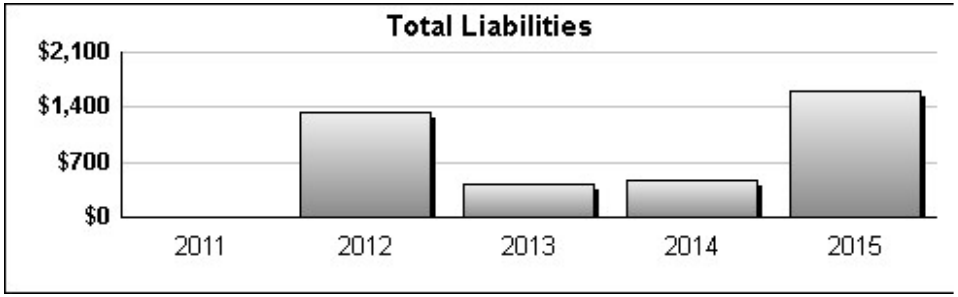
Employer Identification Numb

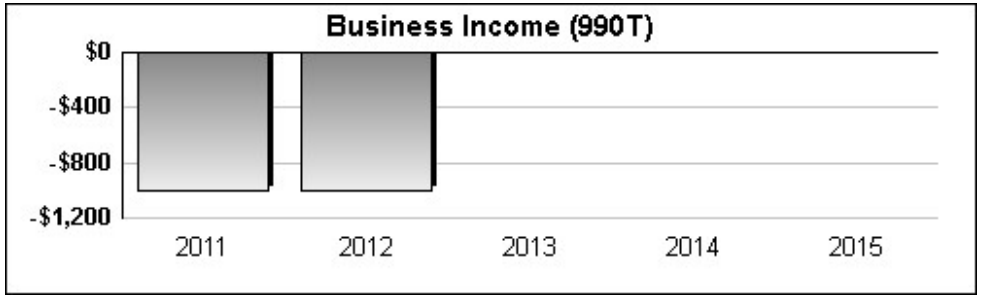
59-3138328

	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses









Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Tax-Exempt Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni ($ or %)
Interest Income	$ 301					
Interest Income - Administrat	730					
Total	$ 1,031					

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
District Event	$ 7,425	$ 7,425	$	$
Meals and Entertainment G	7,371	7,371		
Meals & Ent - Teacher Tri	6,865	6,865		
Awards and Gifts- Galaxy	3,350	3,350		
Supplies - Galaxy of star	2,976	2,976		
Cont Services Welcome bac	2,750	2,750		
Decorations - Galaxy of S	2,433	2,433		
Awards LHS Fishing	2,050	2,050		
Adv Promotional Video Min	2,000			2,000
Supplies - Admin	1,715		1,715	
Photography Galaxy	1,400	1,400		
Supplies -Ed On Grant	1,322	1,322		
Dues and Subscriptions -	1,280		1,280	
Awards - Foundation Fest	1,150			1,150
Bank Charges - Administra	1,036		1,036	
Meals & Entertainment Adm	973		973	
Supplies Foundation Fest	819			819
Insurance	705		705	
Meals & Entertainment - E	644	644		
Awards - Coupons for Clas	586			586
Computer Expenses Admin	557	557		
Gifts - Ed On Grant	536	536		
Adv & Promotional Found F	495	495		
Supplies LHS Fishing Tour	407	407		
Awards - Payroll Campaign	347	347		
Adv & Promo Items	344	344		
Awards Admin	304		304	
Credit card fees - Admin	218		218	
Printing - CCEF	200	200		
Printing - Administration	131		131	
Taxes and Licenses - Admi	61		61	
Supplies First Library	27			27
Supplies Mini Grant Cerem	27	27		
Meals & Entertainment - T	25	25		
Supplies Taste of Inverne	16	16		

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Total	$ 52,545	$ 41,540	$ 6,423	$ 4,582

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Grant Income CCSB Duke Energy	$ 40,000
Grants - Florida Consortium (matchin	36,429
Contributions: Donations	21,981
Grants - Teacher Mini Grants -	21,000
Contributions - Unrestricted	16,090
Scholarship Golden Citrus	12,100
Fundraising Foundation Festival	10,918
Contributions - Galaxy of Stars	10,597
Education Grants Pass Through	8,398
District Event Sponsorships	8,000
Fundraising:Taste of Inverness	7,081
FundraisingPayroll Campaign	6,486
Contributions: First Library	6,292
Expo Back Teachers	4,500
Fundraising Fishing Tournament	3,406
Grant Income:Math Field Day	3,000
Grants - SunCoast - Avid Funds	2,500
Scholarship Income - Barbieri	2,500
License for Learning	2,335
Grant Income:Science Fair	2,175
Scholarship Citrus Hills Civic	2,000
Contributions: Designated	2,000
Scholarships Memorial Music	1,750
Fundraising Panera Night	1,213
Grant Income: sac Lunch	1,000
Fundraising :School Spirit Pay	180
Scholarship Delay & Dodge	156
Contributions - Administration	60
Fundraising Admin Unrestricted	18
Total	$ 234,165

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Schedule A, Part II, Line 10(e)

Description	Amount
SUPERINTENDENTS GOLF TOURNE	$ 33,695
SCH HUSTLE/FND FEST/PAY CAM	21,121
COUPONS FOR CLASSROOMS	41,687
Total	$ 96,503

Schedule A, Part II, Line 12 - Current year

Description	Amount
Interest Income	$ 301
Interest Income - Administrat	730
Total	$ 1,031

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

SUPERINTENDENTS GOLF TOURNE

Other Direct Fundraising or Gaming Expenses

Description	Amount
SUPPLIES AND PRINTING	$ 1,243
Total	$ 1,243

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

SCH HUSTLE/FND FEST/PAY CAM

Other Direct Fundraising or Gaming Expenses

Description	Amount
PROMOTION AND SUPPLIES	$ 2,000
PRINTING	1,882
CONTRACTUAL SERVICES	2,500
Total	$ 6,382

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

COUPONS FOR CLASSROOMS

Other Direct Fundraising or Gaming Expenses

Description	Amount
CONTRACTUAL SERVICES	$ 21,550
SUPPLIES	226
Total	$ 21,776

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18

59-3138328

CITRUS COUNTY EDUCATION FOUNDATION

Net Asset / Fund Balance at Beginning of Year				132,581
Revenue				
Contributions		199,946		
Program service revenue				
Investment income		378		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	131,243			
Direct expenses	71,830			
Net income		59,413		
Other income		0		
Total revenue			259,737	
Expenses				
Program services		206,610		
Management and general		25,600		
Fundraising		4,521		
Total expenses			236,731	
Excess / (deficit)				23,006
Changes				
Net Asset / Fund Balance at End of Year				155,587

Reconciliation of Revenue

Total revenue per financial statements	259,737
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	259,737

Reconciliation of Expenses

Total expenses per financial statements	236,731
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	236,731

Balance Sheet

	Beginning	Ending	Differences
Assets	134,198	158,288	
Liabilities	1,617	2,701	
Net assets	132,581	155,587	23,006

Miscellaneous Information

Amended return	
Return / extended due date	05/15/19
Failure to file penalty	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Coleman & Associates CPA Firm
128 Oakwood Plantation Dr
Fleming Isle, FL 32003-4572
904-284-9481

May 15, 2019

CONFIDENTIAL

CITRUS COUNTY EDUCATION FOUNDATION
P.O. BOX 2004
INVERNESS, FL 34451

Dear DAVID AND LINDA:

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,

Coleman & Associates CPA Firm

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Filing Instructions

CITRUS COUNTY EDUCATION FOUNDATION

Exempt Organization Tax Return

Taxable Year Ended June 30, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/18 shows no balance due.

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 to:

Coleman & Associates CPA Firm
128 Oakwood Plantation Dr
Fleming Isle, FL 32003-4572

Important: **Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.** If previously signed and returned no further action is required.

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.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 20 18

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-1878

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

Name and title of officer

WHITE, DAVID
TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 259,737
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Coleman & Associates CPA Firm to enter my PIN 88999 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 05/15/19

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.

50230122888

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Timothy M. Coleman Date ▶ 05/15/19

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2017)

DAA

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545
201
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17 , and ending 06/30/18

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CITRUS COUNTY EDUCATION FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 2004

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS FL 34451

D Employer identification number
59-3138328

E Telephone number
352-726-1931

G Gross receipts $ 331,567

F Name and address of principal officer:
WHITE, DAVID
1007 W MAIN ST.
Inverness FL 34450

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.CITRUSEDUCATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	234,165	199,946
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,031	378
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,232	59,413
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,428	259,737

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,800	24,750
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,213	46,244
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,521		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	251,375	165,737
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	315,388	236,731
19 Revenue less expenses. Subtract line 18 from line 12	-22,960	23,006

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	134,198	158,288
21 Total liabilities (Part X, line 26)	1,617	2,701
22 Net assets or fund balances. Subtract line 21 from line 20	132,581	155,587

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

WHITE, DAVID TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Timothy M. Coleman	Timothy M. Coleman	05/15/19		P00211587

Firm's name ▶ Coleman & Associates CPA Firm — Firm's EIN ▶ 26-3593932

Firm's address ▶ 128 Oakwood Plantation Dr Fleming Isle, FL 32003-4572 — Phone no. 904-284-9481

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2017)

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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 $ 206,610 including grants of $ 24,750) (Revenue $ 131,543)

The Organization provided funds to teachers in the form of mini-grants and supported education in Citrus County by recognizing the teacher and employee of the year. The Organization recognized outstanding performance in the classroom by both teacher and support personnel.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

The Organization received funds Foundations and contributors to support educational activities conducted by the Citrus County District Schools. These programs were used to support District Initiatives.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 206,610

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

WHITE, DAVID 1007 W MAIN ST.
Inverness FL 34450 352-726-1931

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form 990 (2017) CITRUS COUNTY EDUCATION FOUNDATION 59-3138328

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHAUNDA JO BURDETTE	40.00									
EXECUTIVE DIRECTOR	0.00	X						42,000	0	0
(2) LINDA RODGERS	10.00									
PRESIDENT	0.00	X		X				0	0	0
(3) WHITE, DAVID	5.00									
TREASURER	0.00	X		X				0	0	0
(4) BARBIERI, AMY	5.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(5) SGT CREGG DALTON	5.00									
SECRETARY	0.00	X		X				0	0	0
(6) ERIC HEAD	5.00									
DIRECTOR	0.00	X						0	0	0
(7) DEBBIE REILLY	5.00									
DIRECTOR	0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								42,000		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								42,000		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	199,946			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		199,946			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		378	378		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a	131,243			
	b Less: direct expenses	b	71,830			
	c Net income or (loss) from fundraising events ▶		59,413			59,413
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions. ▶		259,737	378	0	59,413

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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 ☒

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	24,750	24,750		
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	42,958	34,558	4,200	4,200
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,286	2,644	321	321
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,075		6,075	
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	3,610		3,610	
14 Information technology				
15 Royalties				
16 Occupancy	2,930	2,930		
17 Travel	356		356	
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	141		141	
23 Insurance	255		255	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Grant Expenses - Teacher	54,481	54,481		
b Grants - Educational - Di	40,264	40,264		
c Supplies - First Library	15,695	15,695		
d Meals & Ent - Teacher Tri	7,900	7,900		
e All other expenses	34,030	23,388	10,642	
25 **Total functional expenses.** Add lines 1 through 24e	236,731	206,610	25,600	4,521
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	72,217	1	49,358
	2	Savings and temporary cash investments	61,499	2	104,019
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	4,570
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 705			
	b	Less: accumulated depreciation — 10b: 364	482	10c	341
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	134,198	16	158,288
Liabilities	17	Accounts payable and accrued expenses		17	1,622
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,617	25	1,079
	26	**Total liabilities.** Add lines 17 through 25	1,617	26	2,701
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	94,547	27	87,103
	28	Temporarily restricted net assets	38,034	28	68,484
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	132,581	33	155,587
	34	Total liabilities and net assets/fund balances	134,198	34	158,288

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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	259,737
2	Total expenses (must equal Part IX, column (A), line 25)	2	236,731
3	Revenue less expenses. Subtract line 2 from line 1	3	23,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132,581
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	155,587

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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* for instructions and the latest information.**

OMB No. 1545-

2017

Open to Public Inspection

Name of the organization
CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number
59-3138328

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule A (Form 990 or 990-EZ) 2017**

DAA

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	287,271	260,061	254,445	234,165	199,946	1,235,888
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	287,271	260,061	254,445	234,165	199,946	1,235,888
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						1,235,888

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	287,271	260,061	254,445	234,165	199,946	1,235,888
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,871	2,089				3,960
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.)	63,202	157,422	125,187	96,503	131,243	573,557
11 **Total support.** Add lines 7 through 10						1,813,405

12 Gross receipts from related activities, etc. (see instructions) 12 378

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ..... 14 68.15 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ..... 15 69.94 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 ▶ ☐

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2017.** 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—2016.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in **Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).*

a ☐ The organization satisfied the Activities Test. *Complete **line 2** below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete **line 3** below.*

c ☐ The organization supported a governmental entity. *Describe in **Part VI** how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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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.)

Part II, Line 10 - Other Income Detail

$ 442,314

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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

2017

Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

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 (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		705	364	341
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				341

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Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll Liabilities	968
(3) Credit Card Payable	111
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,079

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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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	259,737
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	259,737
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	259,737

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	236,731
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	236,731
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	236,731

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.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Part XIII Supplemental Information *(continued)*

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* for the latest instructions.**

OMB No. 1545-

2017

Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

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 fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 SUPERINTENDENTS (event type)	(b) Event #2 COUPONS FOR CLA (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	38,979	23,908	68,356	131,243
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	38,979	23,908	68,356	131,243
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,825	389	3,708	6,922
	6 Rent/facility costs	5,071			5,071
	7 Food and beverages			5,120	5,120
	8 Entertainment				
	9 Other direct expenses	1,045	33,738	19,934	54,717
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				71,830
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				59,413

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.**

OMB No. 15

2017

Open to Public Inspection

B.1.p

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

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 ▶

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) (2017)

DAA

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

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	Scholarships - Golden Cit	22	7,600			
2	Scholarships	22	16,150			
3	Scholarships - Thelma DeL	1	1,000			
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.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

B.1.p

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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

59-3138328

Form 990 - Organization's Mission

The Citrus County Education Foundation, Inc. provides resources to support Citrus County Schools to enhance the quality of education.

The Foundation is dedicated to:

Encouraging business and community involvement in the public school system.

Promoting creative and innovative educational programs.

Fostering excellence in learning.

Recognizing outstanding achievements of students, teachers, support personnel and administrators.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the tax return is provided to the Executive Director and Treasurer to review the return. After filing, a copy of the tax returns is provided to board members.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE DIRECTOR IS HIRED BY THE BOARD OF DIRECTORS. COMPENSATION IS SET BY THE BOARD OF DIRECTORS AFTER AN ANNUAL REVIEW.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE FOUNDATION PUBLISHES VARIOUS INFORMATION ON ITS WEBSITE. A COPY OF THE AUDIT REPORT IS PROVIDED TO THE FLORIDA AUDITOR GENERAL AND CITRUS COUNTY PUBLIC SCHOOLS. THE IRS FORM 990 IS PROVIDED TO THE PUBLIC UPON REQUEST.

Form 990, Part IX, Line 24e - Other Expenses

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization: CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number: 59-3138328

Description	Program Service	Mgt & General	Fundraising
Awards and Gifts- Galaxy	$ 6,424	$ 0	$ 0
Meals and Entertainment G	$ 6,422	$ 0	$ 0
District Event	$ 3,558	$ 0	$ 0
District Event Expenses	$ 3,228	$ 0	$ 0
Adv & Promo Items	$ 0	$ 3,074	$ 0
Supplies - Admin	$ 0	$ 2,759	$ 0
Scholarship Suncoast for	$ 2,000	$ 0	$ 0
Meals & Entertainment Adm	$ 0	$ 1,446	$ 0
Printing - Administration	$ 0	$ 1,276	$ 0
Photography Galaxy	$ 800	$ 0	$ 0
Computer Expenses Admin	$ 0	$ 773	$ 0
Supplies - Galaxy of star	$ 656	$ 0	$ 0
Contractual Services			

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

$ 0	$ 486	$ 0	
Bank Charges - Administra			
$ 0	$ 460	$ 0	
Gifts - Ed On Grant			
$ 300	$ 0	$ 0	
Taxes and Licenses - Admi			
$ 0	$ 286	$ 0	
Credit card fees - Admin			
$ 0	$ 82	$ 0	
Total			
$ 23,388	$ 10,642	$ 0	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-

2017

Attachment Sequence No. **179**

Name(s) shown on return: CITRUS COUNTY EDUCATION FOUNDATION

Identifying number: 59-3138328

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	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	141

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 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	141
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

DAA

There are no amounts for Page 2

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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
Other Depreciation:												
1	LAPTOP COMPUTER	11/26/15	705				705	5	MO	S/L	223	141
	Total Other Depreciation		705				705				223	141
	Total ACRS and Other Depreciation		705				705				223	141
	Grand Totals		705				705				223	141
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		705				705				223	141

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	LAPTOP COMPUTER	11/26/15	705			X	353	5	HY	200DB	536	67
			705				353				536	67
	Grand Totals		705				353				536	67
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		705				353				536	67

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Future Depreciation Report FYE: 6/30/19

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	LAPTOP COMPUTER	11/26/15	705	141	41
	Total Other Depreciation		705	141	41
	Total ACRS and Other Depreciation		705	141	41
	Grand Totals		705	141	41

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2017

For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18

Name

CITRUS COUNTY EDUCATION FOUNDATION

Employer Identification Number

59-3138328

		(a) Other event SCH HUSTLE/TAST (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	68,356			68,356
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	68,356			68,356
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,708			3,708
	6 Rent/facility costs				
	7 Food/beverages	5,120			5,120
	8 Entertainment				
	9 Other expenses	19,934			19,934

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Two Year Comparison Report

For calendar year 2017, or tax year beginning 07/01/17 , ending 06/30/18

2016 & 2017

Name: CITRUS COUNTY EDUCATION FOUNDATION

Taxpayer Identification Number: 59-3138328

			2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1.	234,165	199,946	-34,219
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	1,031	378	-653
	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.	57,232	59,413	2,181
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	292,428	259,737	-32,691
Expenses	13. Grants and similar amounts paid	13.	18,800	24,750	5,950
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	45,213	46,244	1,031
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	7,050	6,075	-975
	19. Occupancy, rent, utilities, and maintenance	19.	1,558	2,930	1,372
	20. Depreciation and Depletion	20.	141	141	
	21. Other expenses	21.	242,626	156,591	-86,035
	22. **Total expenses.** Add lines 13 through 21	22.	315,388	236,731	-78,657
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-22,960	23,006	45,966
Other Information	24. Total exempt revenue	24.	292,428	259,737	-32,691
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	58,263	59,791	1,528
	27. Total assets	27.	134,198	158,288	24,090
	28. Total liabilities	28.	1,617	2,701	1,084
	29. Retained earnings	29.	132,581	155,587	23,006
	30. Number of voting members of governing body	30.	15	25	
	31. Number of independent voting members of governing body	31.	15	25	
	32. Number of employees	32.	1	1	
	33. Number of volunteers	33.		100	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Tax Return History

2017

Name

CITRUS COUNTY EDUCATION FOUNDATION

Employer Identification Number

59-3138328

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	287,271	260,061	254,445	234,165	199,946	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	1,871	2,089	2,188	1,031	378	
Fundraising revenue (income/loss)	39,636	76,587	72,708	57,232	59,413	
Gaming revenue (income/loss)						
Other revenue	1,275					
Total revenue	330,053	338,737	329,341	292,428	259,737	
Grants and similar amounts paid	229,150	51,050	165,458	18,800	24,750	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	18,870	34,524	39,748	45,213	46,244	
Professional fees	6,621	5,825	7,250	7,050	6,075	
Occupancy costs		1,549	1,920	1,558	2,930	
Depreciation and depletion			82	141	141	
Other expenses	158,828	157,940	177,782	242,626	156,591	
Total expenses	413,469	250,888	392,240	315,388	236,731	
Excess or (Deficit)	-83,416	87,849	-62,899	-22,960	23,006	
Total exempt revenue	330,053	338,737	329,341	292,428	259,737	
Total unrelated revenue						
Total excludable revenue	42,782	78,676	74,896	58,263	59,791	
Total Assets	131,935	218,872	156,014	134,198	158,288	
Total Liabilities	1,344	432	473	1,617	2,701	
Net Fund Balances	130,591	218,440	155,541	132,581	155,587	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

B.1.p

Form **990T**

Tax Return History

2017

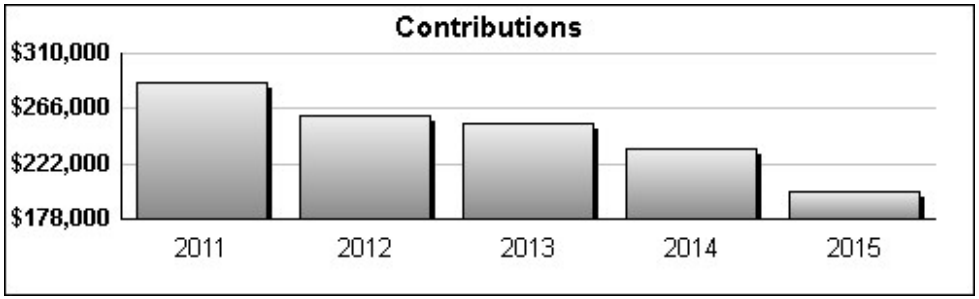
Name

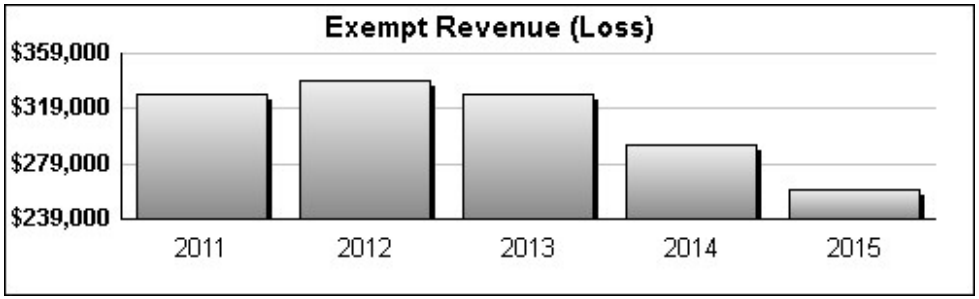
CITRUS COUNTY EDUCATION FOUNDATION

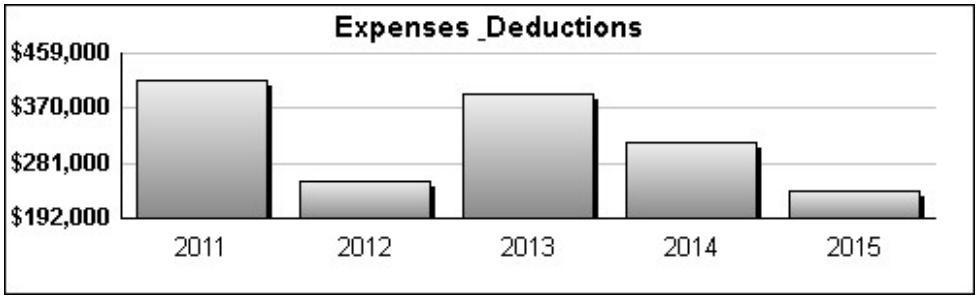
Employer Identification Number

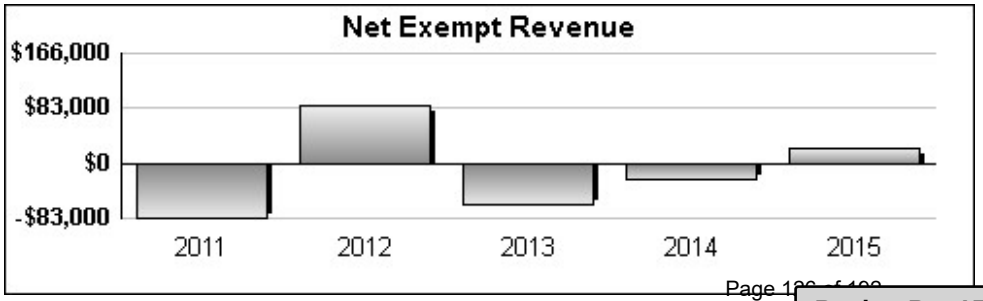
59-3138328

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						









Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

B.1.p

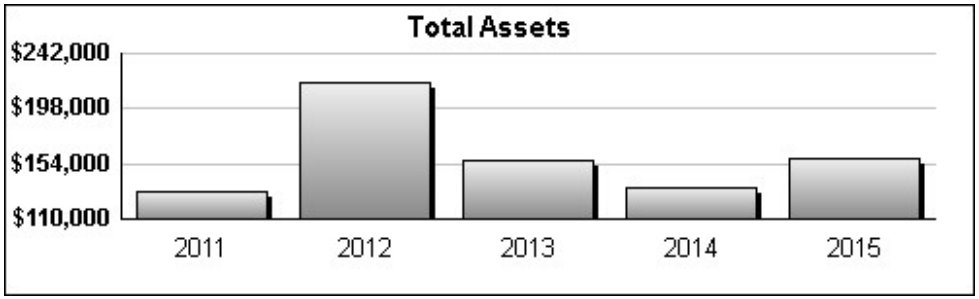
Form **990T** | **Tax Return History** | **2017**

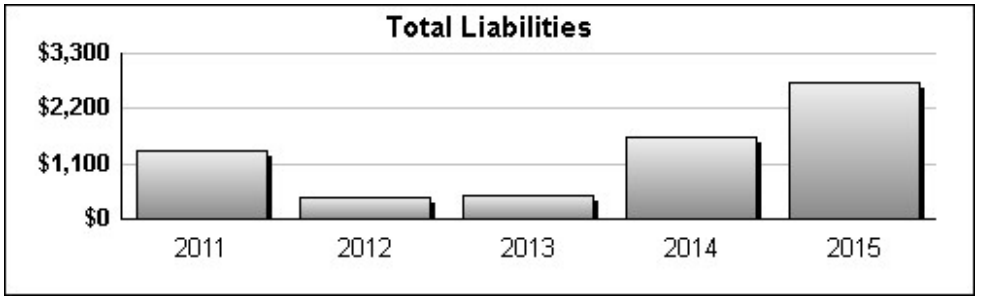
Name: CITRUS COUNTY EDUCATION FOUNDATION

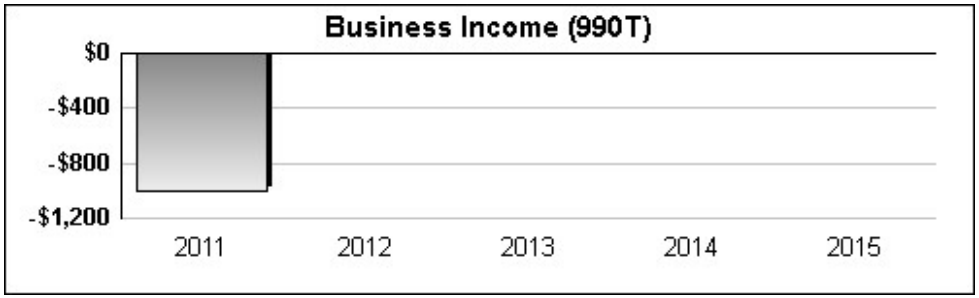
Employer Identification Number: 59-3138328

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses









Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Tax-Exempt Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni ($ or %)
Interest Income	$ 378					
Total	$ 378					

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Awards and Gifts- Galaxy	$ 6,424	$ 6,424	$	$
Meals and Entertainment G	6,422	6,422		
District Event	3,558	3,558		
District Event Expenses	3,228	3,228		
Adv & Promo Items	3,074		3,074	
Supplies - Admin	2,759		2,759	
Scholarship Suncoast for	2,000	2,000		
Meals & Entertainment Adm	1,446		1,446	
Printing - Administration	1,276		1,276	
Photography Galaxy	800	800		
Computer Expenses Admin	773		773	
Supplies - Galaxy of star	656	656		
Contractual Services	486		486	
Bank Charges - Administra	460		460	
Gifts - Ed On Grant	300	300		
Taxes and Licenses - Admi	286		286	
Credit card fees - Admin	82		82	
Total	$ 34,030	$ 23,388	$ 10,642	$ 0

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Grant Income CCSB Duke Energy	$ 42,500
Grants - Florida Consortium (matchin	27,433
Grants - Teacher Mini Grants -	20,000
Contributions - Unrestricted	12,652
Scholarship Golden Citrus	6,525
Contributions - Galaxy of Stars	11,269
Education Grants Pass Through	8,451
Contributions: First Library	8,410
Expo Back Teachers	5,450
Grant Income:Math Field Day	5,175
Grants - SunCoast - Avid Funds	5,000
License for Learning	3,363
Contributions: Designated	6,271
Fundraising :School Spirit Pay	63
Scholarship Delay & Dodge	959
Contributions - Administration	54
Grants -FL Consortium of Educa	8,000
Grants Marine Science Station	5,000
Scholarship	2,500
Fundraiser - Dragon Boat	10,834
Fundraiser - Payroll Campaign	8,428
Fundraiser - Cooter Fest	1,609
Total	$ 199,946

Schedule A, Part II, Line 10(e)

Description	Amount
SUPERINTENDENTS GOLF TOURNE	$ 38,979
SCH HUSTLE/TASTE OF INVERNE	68,356
COUPONS FOR CLASSROOMS	23,908
Total	$ 131,243

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
Interest Income	$ 378
Total	$ 378

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

SUPERINTENDENTS GOLF TOURNE

Other Direct Fundraising or Gaming Expenses

Description	Amount
SUPPLIES AND PRINTING	$ 1,045
Total	$ 1,045

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

SCH HUSTLE/TASTE OF INVERNE

Other Direct Fundraising or Gaming Expenses

Description	Amount
PROMOTION AND SUPPLIES	$ 12,945
CONTRACTUAL SERVICES	5,579
INSURANCE	1,410
Total	$ 19,934

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

COUPONS FOR CLASSROOMS

Other Direct Fundraising or Gaming Expenses

Description	Amount
CONTRACTUAL SERVICES	$ 33,100
SUPPLIES	638
Total	$ 33,738

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

-*8328

CITRUS COUNTY EDUCATION FOUNDATION

Net Asset / Fund Balance at Beginning of Year				155,583
Revenue				
Contributions		445,020		
Program service revenue				
Investment income		692		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	108,114			
Direct expenses	33,940			
Net income		74,174		
Other income		0		
Total revenue			519,886	
Expenses				
Program services		406,583		
Management and general		41,123		
Fundraising		15,427		
Total expenses			463,133	
Excess / (deficit)				56,753
Changes				
Net Asset / Fund Balance at End of Year				212,336

Reconciliation of Revenue

Total revenue per financial statements	519,886
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	519,886

Reconciliation of Expenses

Total expenses per financial statements	463,133
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	463,133

Balance Sheet

	Beginning	Ending	Differences
Assets	158,284	215,025	
Liabilities	2,701	2,689	
Net assets	155,583	212,336	56,753

Miscellaneous Information

Amended return	
Return / extended due date	05/15/20
Failure to file penalty	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Coleman & Associates CPA Firm
128 Oakwood Plantation Dr
Fleming Isle, FL 32003-4572
904-284-9481

May 15, 2020

CONFIDENTIAL

CITRUS COUNTY EDUCATION FOUNDATION
P.O. BOX 2004
INVERNESS, FL 34451

Dear DAVID AND AMY:

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,

Coleman & Associates CPA Firm

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Filing Instructions

CITRUS COUNTY EDUCATION FOUNDATION

Exempt Organization Tax Return

Taxable Year Ended June 30, 2019

Date Due: May 15, 2020

Remittance: None is required. Your Form 990 for the tax year ended 6/30/19 shows no balance due.

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 to:

Coleman & Associates CPA Firm
128 Oakwood Plantation Dr
Fleming Isle, FL 32003-4572

Important: **Your return will not be filed with the IRS until the signed Form 8879-EO 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.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-1878

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

-*8328

Name and title of officer

BARBIERI, AMY
VICE PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 519,886
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Coleman & Associates CPA Firm to enter my PIN 48899 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 05/15/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

****

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Timothy M. Coleman Date ▶ 05/15/20

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2018)

DAA

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18 , and ending 06/30/19

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CITRUS COUNTY EDUCATION FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 2004

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS FL 34451

D Employer identification number
-*8328

E Telephone number
352-726-1931

G Gross receipts $ 553,826

F Name and address of principal officer:
LINDA RODGERS
1007 W MAIN ST.
Inverness FL 34450

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.CITRUSEDUCATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2
6 Total number of volunteers (estimate if necessary)	6	125
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	199,946	445,020
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	378	692
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,413	74,174
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	259,737	519,886

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,750	36,702
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	46,244	70,591
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,427		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	165,737	355,840
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	236,731	463,133
19 Revenue less expenses. Subtract line 18 from line 12	23,006	56,753

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	158,284	215,025
21 Total liabilities (Part X, line 26)	2,701	2,689
22 Net assets or fund balances. Subtract line 21 from line 20	155,583	212,336

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

BARBIERI, AMY VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Timothy M. Coleman	Timothy M. Coleman	05/15/20		*********

Firm's name ▶ Coleman & Associates CPA Firm — Firm's EIN ▶ **-***3932

Firm's address ▶ 128 Oakwood Plantation Dr Fleming Isle, FL 32003-4572 — Phone no. 904-284-9481

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2018)

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

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 $ 401,583 including grants of $ 31,702) (Revenue $)

The Organization provided funds to teachers in the form of mini-grants and supported education in Citrus County by recognizing the teacher and employee of the year. The Organization recognized outstanding performance in the classroom by both teacher and support personnel.

4b (Code:) (Expenses $ 5,000 including grants of $ 5,000) (Revenue $)

The Organization received funds Foundations and contributors to support educational activities conducted by the Citrus County District Schools. These programs were used to support District Initiatives.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 406,583

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X

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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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
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

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

WHITE, DAVID 1007 W MAIN ST.
Inverness FL 34450 352-726-1931

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHAUNDA JO BURDETTE	40.00									
EXECUTIVE DIRECTOR	0.00	X						0	0	0
(2) LINDA RODGERS	15.00									
PRESIDENT	0.00	X		X				0	0	0
(3) WHITE, DAVID	10.00									
TREASURER	0.00	X		X				0	0	0
(4) BARBIERI, AMY	10.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(5) SGT CREGG DALTON	5.00									
SECRETARY	0.00	X		X				0	0	0
(6) ERIC HEAD	5.00									
DIRECTOR	0.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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Form 990 (2018) **CITRUS COUNTY EDUCATION FOUNDATION** **-***8328

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	445,020			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		445,020			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		692	692		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a 108,114				
	b Less: direct expenses	b 33,940				
	c Net income or (loss) from fundraising events ▶		74,174			74,174
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions. ▶		519,886	692	0	74,174

Form **990** (2018)

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Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	6,362	6,362		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,340	30,340		
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	65,575	52,459	6,558	6,558
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,016	4,012	502	502
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,650	7,650		
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	6,355	3,412	2,943	
14 Information technology				
15 Royalties				
16 Occupancy	2,376	650		1,726
17 Travel	408		408	
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	141		141	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Grants - Educational - Di	97,474	97,474		
b Grant Expenses - Teacher	71,212	71,212		
c Grant Expenses WTI	41,973	41,973		
d Supplies - First Library	33,821	33,821		
e All other expenses	94,430	57,218	30,571	6,641
25 **Total functional expenses.** Add lines 1 through 24e	463,133	406,583	41,123	15,427
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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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
Assets	1	Cash—non-interest bearing	49,354	1	-1
	2	Savings and temporary cash investments	104,019	2	214,826
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,570	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 705			
	b	Less: accumulated depreciation — 10b: 505	341	10c	200
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	158,284	16	215,025
Liabilities	17	Accounts payable and accrued expenses	1,622	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,079	25	2,689
	26	**Total liabilities.** Add lines 17 through 25	2,701	26	2,689
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	91,489	27	113,403
	28	Temporarily restricted net assets	64,094	28	98,933
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	155,583	33	212,336
	34	Total liabilities and net assets/fund balances	158,284	34	215,025

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	519,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	463,133
3	Revenue less expenses. Subtract line 2 from line 1	3	56,753
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,583
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,336

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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B.1.p

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* for instructions and the latest information.**

OMB No. 1545-

2018

Open to Public Inspection

Name of the organization
CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number
-*8328

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule A (Form 990 or 990-EZ) 2018**

DAA

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	260,061	254,445	234,165	199,946	445,020	1,393,637
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	260,061	254,445	234,165	199,946	445,020	1,393,637
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						1,393,637

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	260,061	254,445	234,165	199,946	445,020	1,393,637
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,089					2,089
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.)	157,422	125,187	96,503	131,243	108,114	618,469
11 **Total support.** Add lines 7 through 10						2,014,195

12 Gross receipts from related activities, etc. (see instructions) 12 1,070

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 69.19 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 68.15 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 ▶ ☐

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** 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—2017.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

- a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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.)

Part II, Line 10 - Other Income Detail

$ 510,355

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.**

OMB No. 154

2018

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

-*8328

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 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).

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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Name of organization
CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number
-*8328

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	CONSORTIUM OF FLORIDA EDUCATION FND P.O. BOX 358719 GAINESVILLE FL 32635-8719	$ 33,683	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	HOMER ALLEN TRUST 4148 NW Flowers Rd Madison FL 32340	$ 27,800	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	CRYSTAL AUTOMOTIVE 2077 HIGHWAY 44W INVERNESS FL 34453	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	DUKE ENERGY FOUNDATION 400 SOUTH TRYON ST CHARLOTTE NC 28202	$ 21,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

DAA

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

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

2018

Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

-*8328

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 (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		705	505	200
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				200

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Credit Card Payable	1,567
(3) Accrued Payroll Liabilities	1,122
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,689

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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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	519,886
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	519,886
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	519,886

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	463,133
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	463,133
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	463,133

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.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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* for instructions and the latest information.**

OMB No. 1545-

2018

Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

****-***8328**

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 fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 SUPERINTENDENTS (event type)	(b) Event #2 FOUNDATION FEST (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	38,764	28,026	41,324	108,114
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	38,764	28,026	41,324	108,114
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,000	2,000	3,325	6,325
	6 Rent/facility costs	4,685		5,315	10,000
	7 Food and beverages		618	3,631	4,249
	8 Entertainment				
	9 Other direct expenses	1,279	643	11,444	13,366
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				33,940
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				74,174

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.**

OMB No. 15

2018

Open to Public Inspection

B.1.p

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

-*8328

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 ▶

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) (2018)

DAA

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

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	Scholarships - Golden Cit		19,340			
2	Scholarships		11,000			
3	Scholarships - Thelma DeL					
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.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

B.1.p

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

-*8328

Form 990 - Organization's Mission

The Citrus County Education Foundation, Inc. provides resources to support Citrus County Schools to enhance the quality of education.

The Foundation is dedicated to:

Encouraging business and community involvement in the public school system.

Promoting creative and innovative educational programs.

Fostering excellence in learning.

Recognizing outstanding achievements of students, teachers, support personnel and administrators.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the tax return is provided to the Executive Director and Treasurer to review the return. After filing, a copy of the tax returns is provided to board members.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE DIRECTOR IS HIRED BY THE BOARD OF DIRECTORS. COMPENSATION IS SET BY THE BOARD OF DIRECTORS AFTER AN ANNUAL REVIEW.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE FOUNDATION PUBLISHES VARIOUS INFORMATION ON ITS WEBSITE. A COPY OF THE AUDIT REPORT IS PROVIDED TO THE FLORIDA AUDITOR GENERAL AND CITRUS COUNTY PUBLIC SCHOOLS. THE IRS FORM 990 IS PROVIDED TO THE PUBLIC UPON REQUEST.

Form 990, Part IX, Line 24e - Other Expenses

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number

-*8328

Description	Tot/Prog Service	Mgt & General	Fundraising
District Event	$ 13,522	$ 0	$ 0
Supplies - Other	$ 0	$ 10,690	$ 0
Supplies - Kids Triathalo	$ 8,411	$ 0	$ 0
Awards Admin	$ 0	$ 7,670	$ 0
Meals & Ent - Teacher Tri	$ 7,331	$ 0	$ 0
Meals and Entertainment G	$ 6,963	$ 0	$ 0
Printing - Administration	$ 0	$ 6,114	$ 0
Supplies - Supplies for S	$ 5,918	$ 0	$ 0
Food & Beverage - Other	$ 0	$ 5,836	$ 0
Awards and Gifts- Galaxy	$ 4,675	$ 0	$ 0
Fundraising event exp - T	$ 0	$ 0	$ 3,995
Supplies - Galaxy of star	$ 3,457	$ 0	$ 0
Adv & Promo Items			

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of the organization: CITRUS COUNTY EDUCATION FOUNDATION

Employer identification number: **-***8328

	$ 2,952	$ 0	$ 0
Awards - Coupons for Clas			
	$ 0	$ 0	$ 1,630
Contractual Services			
	$ 1,300	$ 0	$ 0
Photography Galaxy			
	$ 1,025	$ 0	$ 0
Supplies Welcome back			
	$ 946	$ 0	$ 0
Contractual Services - Co			
	$ 0	$ 0	$ 766
Advertising and Promo - W			
	$ 508	$ 0	$ 0
Taxes and Licenses - Admi			
	$ 0	$ 261	$ 0
Field Trips			
	$ 0	$ 0	$ 250
Board Dev & Recruitment			
	$ 210	$ 0	$ 0
Total			
	$ 57,218	$ 30,571	$ 6,641

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 154

2018

Attachment Sequence No. **179**

Name(s) shown on return

CITRUS COUNTY EDUCATION FOUNDATION

Identifying number

-*8328

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	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 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 2019. 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	141

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 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2018 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	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	141
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.

DAA

There are no amounts for Page 2

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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
Other Depreciation:												
1	LAPTOP COMPUTER	11/26/15	705				705	5	MO	S/L	364	141
	Total Other Depreciation		705				705				364	141
	Total ACRS and Other Depreciation		705				705				364	141
	Grand Totals		705				705				364	141
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		705				705				364	141

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	LAPTOP COMPUTER	11/26/15	705			X	353	5	HY	200DB	603	41
			705				353				603	41
	Grand Totals		705				353				603	41
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		705				353				603	41

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Future Depreciation Report FYE: 6/30/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	LAPTOP COMPUTER	11/26/15	705	141	41
	Total Other Depreciation		705	141	41
	Total ACRS and Other Depreciation		705	141	41
	Grand Totals		705	141	41

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Event Income and Deduction Worksheet

Description SUPERINTENDENTS GOLF TOURNE

2018

Name: CITRUS COUNTY EDUCATION FOUNDATION

Taxpayer Identification Number: **-***8328

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	38,764
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	38,764
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	6,964
15. **Total expenses.** Add lines 8 through 14	15.	6,964
16. **Net Income/Loss.** Line 7 minus Line 15	16.	31,800

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G
- ☐ Schedule I
- ☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	1,000
Rent and facility costs	4,685
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	1,279
Total Fundraising Expense	6,964

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Event Income and Deduction Worksheet

Description SCH HUSTLE/TASTE OF INVERNE

2018

Name
CITRUS COUNTY EDUCATION FOUNDATION

Taxpayer Identification Number
-*8328

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	41,324
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	41,324
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	23,715
15. **Total expenses.** Add lines 8 through 14	15.	23,715
16. **Net Income/Loss.** Line 7 minus Line 15	16.	17,609

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G
- ☐ Schedule I
- ☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	3,325
Rent and facility costs	5,315
Food & beverages (Part II only)	3,631
Entertainment (Part II only)	
Other direct expenses	11,444
Total Fundraising Expense	23,715

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Event Income and Deduction Worksheet

Description **FOUNDATION FESTIVAL**

2018

Name
CITRUS COUNTY EDUCATION FOUNDATION

Taxpayer Identification Number
****-***8328**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	28,026
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	28,026
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	3,261
15. **Total expenses.** Add lines 8 through 14	15.	3,261
16. **Net Income/Loss.** Line 7 minus Line 15	16.	24,765

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G
- ☐ Schedule I
- ☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	2,000
Rent and facility costs	
Food & beverages (Part II only)	618
Entertainment (Part II only)	
Other direct expenses	643
Total Fundraising Expense	3,261

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

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SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2018

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

Name

CITRUS COUNTY EDUCATION FOUNDATION

Employer Identification Number

-*8328

		(a) Other event SCH HUSTLE/TAST (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	41,324			41,324
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	41,324			41,324
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,325			3,325
	6 Rent/facility costs	5,315			5,315
	7 Food/beverages	3,631			3,631
	8 Entertainment				
	9 Other expenses	11,444			11,444

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Two Year Comparison Report

For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19

2017 & 2018

Name

CITRUS COUNTY EDUCATION FOUNDATION

Taxpayer Identification Number

-*8328

			2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	199,946	445,020	245,074
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	378	692	314
	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.	59,413	74,174	14,761
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	259,737	519,886	260,149
Expenses	13. Grants and similar amounts paid	13.	24,750	36,702	11,952
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	46,244	70,591	24,347
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	6,075	7,650	1,575
	19. Occupancy, rent, utilities, and maintenance	19.	2,930	2,376	-554
	20. Depreciation and Depletion	20.	141	141	
	21. Other expenses	21.	156,591	345,673	189,082
	22. **Total expenses.** Add lines 13 through 21	22.	236,731	463,133	226,402
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	23,006	56,753	33,747
Other Information	24. Total exempt revenue	24.	259,737	519,886	260,149
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	59,791	74,866	15,075
	27. Total assets	27.	158,288	215,025	56,737
	28. Total liabilities	28.	2,701	2,689	-12
	29. Retained earnings	29.	155,587	212,336	56,749
	30. Number of voting members of governing body	30.	25	20	
	31. Number of independent voting members of governing body	31.	25	20	
	32. Number of employees	32.	1	2	
	33. Number of volunteers	33.	100	125	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.p

Form **990**

Tax Return History

2018

Name

CITRUS COUNTY EDUCATION FOUNDATION

Employer Identification Number

-*8328

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	260,061	254,445	234,165	199,946	445,020	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	2,089	2,188	1,031	378	692	
Fundraising revenue (income/loss)	76,587	72,708	57,232	59,413	74,174	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	338,737	329,341	292,428	259,737	519,886	
Grants and similar amounts paid	51,050	165,458	18,800	24,750	36,702	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	34,524	39,748	45,213	46,244	70,591	
Professional fees	5,825	7,250	7,050	6,075	7,650	
Occupancy costs	1,549	1,920	1,558	2,930	2,376	
Depreciation and depletion		82	141	141	141	
Other expenses	157,940	177,782	242,626	156,591	345,673	
Total expenses	250,888	392,240	315,388	236,731	463,133	
Excess or (Deficit)	87,849	-62,899	-22,960	23,006	56,753	
Total exempt revenue	338,737	329,341	292,428	259,737	519,886	
Total unrelated revenue						
Total excludable revenue	78,676	74,896	58,263	59,791	74,866	
Total Assets	218,872	156,014	134,198	158,288	215,025	
Total Liabilities	432	473	1,617	2,701	2,689	
Net Fund Balances	218,440	155,541	132,581	155,587	212,336	

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Tax-Exempt Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni ($ or %)
Interest Income	$ 692					
Total	$ 692					

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
District Event	$ 13,522	$ 13,522	$	$
Supplies - Other	10,690		10,690	
Supplies - Kids Triathalo	8,411	8,411		
Awards Admin	7,670		7,670	
Meals & Ent - Teacher Tri	7,331	7,331		
Meals and Entertainment G	6,963	6,963		
Printing - Administration	6,114		6,114	
Supplies - Supplies for S	5,918	5,918		
Food & Beverage - Other	5,836		5,836	
Awards and Gifts- Galaxy	4,675	4,675		
Fundraising event exp - T	3,995			3,995
Supplies - Galaxy of star	3,457	3,457		
Adv & Promo Items	2,952	2,952		
Awards - Coupons for Clas	1,630			1,630
Contractual Services	1,300	1,300		
Photography Galaxy	1,025	1,025		
Supplies Welcome back	946	946		
Contractual Services - Co	766			766
Advertising and Promo - W	508	508		
Taxes and Licenses - Admi	261		261	
Field Trips	250			250
Board Dev & Recruitment	210	210		
Total	$ 94,430	$ 57,218	$ 30,571	$ 6,641

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Contributions - Unrestricted	$ 71,847
Scholarship	25,805
Education Grants Pass Through	25,060
Grants - WTI	25,000
Contributions: First Library	24,710
Grants - Mini Grants - Health	10,005
Sponsors Expo Back Teachers	18,850
Grants - Teacher Mini - Suncoast CU	15,000
Scholarship Golden Citrus	12,677
Fundraising Dragon Boat	12,257
Fundraising Kids Triathalon	11,454
Fundraising Fieldtrips Duke	11,000
Contributions Science Fair	10,400
ED Gr WTC Made for the Trades	10,377
Scholarships Racoon 3	10,000
Contributions - Galaxy of Stars	9,628
FundraisingPayroll Campaign	9,047
Fundraising Arts Mousetrap	6,075
Grant Income:Math Field Day	5,175
Grants - SunCoast - Avid Funds	5,000
Grants - Teacher Mini - Black Diamon	5,000
Grant Income:Male Mentoring	5,000
Fundraising Supplies for Succe	4,653
Fundraising Coupons for Classrooms	2,850
License for Learning	2,664
Scholarship Delay & Dodge	959
Grants - Teacher Mini Grants -	500
Contributions: Designated	486
Contributions - Administration	369
Fundraising	120
Fundraising :School Spirit Pay	69
Fundraiser - Dragon Boat	
Fundraiser - Payroll Campaign	
Fundraiser - Cooter Fest	
CONSORTIUM OF FLORIDA EDUCATION FND	
Cash Contribution	33,683
HOMER ALLEN TRUST	
Cash Contribution	27,800

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CRYSTAL AUTOMOTIVE	$
Cash Contribution	10,000
DUKE ENERGY FOUNDATION	
Cash Contribution	21,500
Total	$ 445,020

Schedule A, Part II, Line 10(e)

Description	Amount
SUPERINTENDENTS GOLF TOURNE	$ 38,764
SCH HUSTLE/TASTE OF INVERNE	41,324
FOUNDATION FESTIVAL	28,026
Total	$ 108,114

Schedule A, Part II, Line 12 - Current year

Description	Amount
Interest Income	$ 692
Total	$ 692

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The

Federal Statements

SUPERINTENDENTS GOLF TOURNE

Other Direct Fundraising or Gaming Expenses

Description	Amount
SUPPLIES AND PRINTING	$ 1,279
Total	$ 1,279

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

SCH HUSTLE/TASTE OF INVERNE

Other Direct Fundraising or Gaming Expenses

Description	Amount
PROMOTION AND SUPPLIES	$ 5,515
CONTRACTUAL SERVICES	2,500
INSURANCE	1,053
PRINTING AND PHOTO	2,376
Total	$ 11,444

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Federal Statements

FOUNDATION FESTIVAL

Other Direct Fundraising or Gaming Expenses

Description	Amount
CONTRACTUAL SERVICES	$
SUPPLIES	388
INSURANCE	255
Total	$ 643

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Citrus County Education Foundation

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ▶ **501(c)(3) Non-Profit Corporation**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
P.O. Box 2004

Requester's name and address (optional)

6 City, state, and ZIP code
Inverness, FL 34451

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
			–			–				

or

Employer identification number
5	9	–	3	1	3	8	3	2	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person** ▶ Shaunda Burdette | **Date** ▶ 1/1/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Attachment: 26 NPG1 Non-Profit Grant Packet- Citrus County Education Foundation, Inc (12603 : The Citrus County Nonprofit Grant Program)



Non-Profit Grant

The First Presbyterian Church of Crystal River

Application

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

Non-Profit Grant & Application Guidelines

FY 2020-2021

APPLICATION REQUEST

Organization Information

Organization: The First Presbyterian Church of Crystal River

Primary Contact: Lorraine Adams

Address: 1501 SE Hwy 19

City: Crystal River Zip: 34429

Email: peteach911@gmail.com

Phone: 352-250-1204

Registered as a (501) (C) non-profit corporation? (Yes) No (Attach proof)

Requested Amount: $25,000.00

Total Budget: $30,731.22

Program budget must be submitted together with this application

Has this program previously received county or grant funding?

Yes ✓ No ____

If you answered yes, please give a short description of the project and date funding was awarded:

$10,000.00 from hospital board $6,000.00 from Presbytery of Tampa Bay

One hundred percent (100%) of the funds awarded to Grant recipients shall be used for the residents in Citrus County.

Briefly describe the mission of your non-profit organization and the food distribution and /or health care services provided in Citrus County.

we are a Matthew 25 church and strongly believe that no one should go hungry. Our mission is to feed those in need in Citrus County. We offer food - meat, produce and bread - for 2 meals for every family, every Tuesday

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

Non-Profit Grant & Application Guidelines

FY 2020-2021

Please explain the intended use of funding.

Our client base has atleast doubled and we need to purchase more meat and non-grocery items. Two of our freezers are failing and need to be replaced.

Please provide detailed information on your organization's food distribution and/or health care service deployment plan?

Our pantry is open to all from Citrus County every Tuesday from 9:30 until 12:00. People come in early and we actually start distribution at 7:30. All are welcome every week.

How will Citrus County benefit from your services?

Those in need in Citrus County know that when they come to our pantry, they will not be judged. They are met by friendly and caring Volunteers who will listen when needed. Clients special needs are taken into consideration. No one is turned away any day of the week. I personally deliver to clients who can't come

How many projected citizens of Citrus County will benefit from your organization's services if awarded this grant funding?

We service approximately 100 people weekly. Their family sizes range from 1 to 10. Last year we documented about 10,000 meals distributed. That doesn't include gift cards given to the homeless and other who come to our door during the week.

List your organization's service locations in Citrus County?

We have 1 church location at 1501 SE Hwy 19 Crystal River

How many years has your organization served Citrus County?

We have been operating for 12 years at this same site.

List the types of services your organization provides with food distribution services and/or health care services in Citrus County?

We offer food, hygiene items and free clothing. Clients will get resource information and spiritual support upon request.

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

Non-Profit Grant & Application Guidelines

FY 2020-2021

I, Lorraine E Adams, the Applicant, have reviewed this Application for the Non-Profit Grant and concur with the information submitted herein. To the best of my knowledge and belief, the information contained in this Application and its attachments is accurate and complete. If funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, the Applicant, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds be via an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

Lorraine E Adams
Authorized Agent Signature

Feb. 19, 2021
Date

Lorraine E Adams
Print Name

Elder- Pantry director
Title

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

12:48 PM
12/28/20
Cash Basis

First Presbyterian Church of Crystal River DBA LifeTree
Food Pantry
January through December 2020

	Food Pantry	TOTAL
Ordinary Income/Expense		
Income		
Restricted Donations		
Food Pantry		
Trailer Fund	993.91	993.91
Food Pantry - Other	37,222.96	37,222.96
Total Food Pantry	38,216.87	38,216.87
Total Restricted Donations	38,216.87	38,216.87
Total Income	38,216.87	38,216.87
Expense		
2019 Expenses	280.00	280.00
Restricted Funds Accounts		
Food Pantry Expenses		
Trail Fund Expenses	139.25	139.25
Food Pantry Expenses - Other	7,066.40	7,066.40
Total Food Pantry Expenses	7,205.65	7,205.65
Total Restricted Funds Accounts	7,205.65	7,205.65
Total Expense	7,485.65	7,485.65
Net Ordinary Income	30,731.22	30,731.22
Net Income	**30,731.22**	**30,731.22**

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

LIFE TREE FOOD PANTRY 2021 WEEKLY

During Coronavirus time: 2nd & 4th Tues.: full pantry ~ 1st,3rd, 5th Tues.: frozen meat & pallet items ~ During Pandemic

	5 Jan	12 Jan	19 Jan	26 Jan	2 Feb	9 Feb	16 Feb	23 Feb	2 Mar	9 Mar	16 Mar	23 Mar	30 Mar	Apr	Apr	Apr	Apr	May	May	May	May	June
SERVED																						
Families	50	68	49	66																		
Individuals	137	188	145	183																		
NOTE: Clients may come to any/all of the food pantries, so figures reflect multiple visits for many clients.																						
TOTAL MEALS	274	376	290	366	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Provided; 2 meals per person																						
AVG. # individ.	68.5	94	72.5	91.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Average # individuals served per pantry																						
AGE BREAKDOWN																						
Adult 18+	115	152	120	147																		
Child 1-17	22	36	25	36																		
Age unkn.																						
TOTAL	137	188	145	183	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEW PANTRY VISITORS																						
New Families	5	1	3	3																		
New Individuals	14	3	11	6																		
FAMILY HOUSEHOLD UNITS																						
1	12	16	9	17																		
2	16	23	16	22																		
3	9	11	10	10																		
4	3	8	4	4																		
5	9	6	6	7																		
6	0	1	2	3																		
7	0	1	0	1																		
8	1	1	2	2																		
9	0	0	0	0																		
10	0	1	0	0																		
	JAN.				FEB.				MAR					APR				MAY				JUI
TOTAL UNITS	50	68	49	66	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

SUMMARY

June	Jul	Jul	Aug	Aug	Sep	Sep	Oct	Oct	Nov	Nov	Dec	Dec	YTD
													233
													653
0	0	0	0	0	0	0	0	0	0	0	0	0	1306
0	0	0	0	0	0	0	0	0	0	0	0	0	326.5
													534
													119
0	0	0	0	0	0	0	0	0	0	0	0	0	328
													12
													34
													54
													77
													40
													19
													28
													6
													2
													6
													0
													1
NE	JULY		AUG		SEP		OCT		NOV		DEC		
0	0	0	0	0	0	0	0	0	0	0	0	0	233
													233

, not ntered in Pantry computer; no ID needed per Food Bank

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

LIFE TREE CHURCH FOOD PANTRY 2020 M

	Times a month	*4*	*4*	*5*	*4*	*4*
2020 MONTHLY SUMMARY		**Jan**	**Feb**	**Mar**	**April**	**May**
Total households served for month**	Households	233				
Total Individuals served for month**	Individuals	653				
*** includes multiple visits for many clients*						
Total meals provided for month	2 meals pp	1306	0	0	0	0
Average # individuals served per pantry		*326.5*	*0*	*0*	*0*	*0*
AGE BREAKDOWN						
	Adult 18-over	534				
	Children 1-17	119				
	no age given					
	TOTAL	653				
NEW PANTRY VISITORS						
	New Families	12				
	New Individuals	34				
FAMILY HOUSEHOLDS	Family Units					
	1	54				
	2	77				
	3	40				
	4	19				
	5	28				
	6	6				
	7	2				
	8	6				
	9	0				
	10	1				
TOTAL HOUSEHOLD UNITS		233	0	0	0	0

2 pantry days per month; 2nd & 4th Tues.
Addt'l days for meat only:1st, 3rd & 5th Tues.

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

ONTHLY SUMMARY

5	4	4	5	4	4	3	
June	July	Aug	Sept	Oct	Nov	Dec	YTD
							233
							653
0	0	0	0	0	0	0	1306
0	0	0	0	0	0	0	326.5
							534
							119
							653
							12
							34
							54
							77
							40
							19
							28
							6
							2
							6
							0
							1
							0
0	0	0	0	0	0	0	233
							233

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

2019 MONTHLY SUMMARY		Jan	Feb	Mar	April	May
Total households served for month**	Households	97	94	111	87	90
Total Individuals served for month**	Individuals	234	224	256	188	203
*** includes multiple visits for many clients*						
Average # individuals served per pantry		*117*	*112*	*128*	*94*	*101.5*
(2 pantry days per month; 2nd & 4th Tues.)						
AGE BREAKDOWN						
	Adult 18-over	172	168	193	141	158
	Children 1-17	62	56	63	47	45
	no age given					
	TOTAL	234	224	256	188	203
NEW PANTRY VISITORS						
	New Families	10	8	8	8	8
	New Individuals	29	14	18	11	17
HOUSEHOLD UNITS						
	1	36	32	38	38	34
	2	26	33	38	25	31
	3	16	13	16	12	10
	4	8	5	10	4	7
	5	4	4	2	2	1
	6	3	3	5	4	5
	7	4	3	2	2	2
	8	0	0	0	0	0
	9		1			
TOTAL HOUSEHOLD UNITS		97	94	111	87	90

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

s a month					1 week only	1 week only	
June	July	Aug	Sept	Oct	Nov	Dec	YTD
88	80	95	92	100	60	51	**1045**
185	189	211	205	217	145	123	**2380**
92.5	*94.5*	*105.5*	*102.5*	*108.5*	*72.5*	*61.5*	***1190***
145	146	161	158	172	111	101	**1826**
40	43	50	47	45	34	22	**554**
							0
185	189	211	205	217	145	123	**2380**
14	8	13	14	9	6	8	**114**
24	18	26	32	16	11	22	**238**
36	29	37	33	37	18	13	**381**
29	23	29	32	36	21	21	**344**
9	14	17	15	15	11	11	**159**
9	6	4	4	5	4	2	**68**
0	2	2	3	1	3	0	**24**
3	4	4	3	3	1	2	**40**
2	2	2	2	2	1	1	**25**
0	0		0	0	1	1	**2**
				1			**2**
							1045
88	80	95	92	100	60	51	**1045**

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

LEGAL SERVICES
ADMINISTRATIVE SERVICES GROUP

PRESBYTERIAN CHURCH (USA)

August 22, 2019

LifeTree Church
1501 SE Highway 19
Crystal River, Florida 34429-4825

RE: TAX EXEMPTION

TO WHOM IT MAY CONCERN:

This letter should serve to confirm that we have verified through the records of the Presbyterian Church (U.S.A.) (Employer Identification Number: 23-6393377/General Exemption Number: 1617) that the LifeTree Church, (Employer Identification Number: 59-1002443), located in Crystal River, Florida, is a member church of the Presbyterian Church (U.S.A.), is in good standing, and is entitled to the Federal group tax exemption granted to the Presbyterian Church (U.S.A.) by the letter ruling attached hereto.

The letters attached are the most up-to-date letters we have and they all refer to the letter dated 1964 which states that the Presbyterian Church (U.S.A.), its synods, presbyteries, and churches are exempt from federal income tax as nonprofit religious organizations under section 501(c)(3) of the Internal Revenue Code.

If you need any other information or have any questions, please feel free to contact me directly at the number listed below.

Sincerely,

Rebecca L. Rayner
Sr. Paralegal

Attachments

cc: April L. Davenport, Associate General Counsel

Rebecca L. Rayner • 100 Witherspoon Street, Room 5627 • Louisville, KY 40202-1396 • (888) 728-7228 ext. 8021

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012683833C-1	01/31/2020	01/31/2025	RELIGIOUS-PHYSICAL PLACE

This certifies that

FIRST PRESBYTERIAN CHURCH OF CRYSTAL
RIVER FLORIDA INC
1501 SE US HIGHWAY 19
CRYSTAL RIVER FL 34429-4825

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

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 about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Attachment: 27 NPG1 Non-Profit Grant Packet- The First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit Grant



Non-Profit Grant

Citrus County Family Resource Center, Inc.

Application

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000028

Virginia West - admin@ccfrc.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 26 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Citrus County Family Resource Center Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

3660 N Carl G Rose Hwy
Hernando, FL 34442

Mailing Address for Grant Check

Name

Ginger West

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

Citrus County Family Resource Center

Address

3660 N Carl G Rose Hwy

Address 2

(No response)

City

Hernando

State

FL

ZIP

34442

Country

USA

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

admin@CCFRC.org

Phone Number

352-344-1001

Business Website Address

http://www.ccfrc.org

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

592998366

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

The Family Resource Center and Connections provides services, resources and nurturing assistance to children and families in Citrus County so that they may live in health, safety and security. To accomplish this mission, we operate a food and clothing distribution center and a homeless outreach center and clinic.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 20,000

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 57,000

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

N/A

How many years has your organization served Citrus County?

30

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 24 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Citrus County Family Resource Center Inc.
Country: United States
Ein: 592998366
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 24 2021

w-9 signed 2021

Filename: w-9_signed_2021.pdf **Size:** 627.0 kB

Upload a State of Florida charitable organization registration

Completed - Feb 24 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

dept agri 2021

Filename: dept_agri_2021.pdf **Size:** 153.0 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 24 2021

Form 990-2017

Filename: Form_990-2017.pdf **Size:** 15.7 MB

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form 9902019-for 2018

Filename: Form_9902019-for_2018.pdf **Size:** 16.3 MB

Form 990-2019

Filename: Form_990-2019.pdf **Size:** 16.5 MB

Upload Evaluation Criteria

Completed - Feb 26 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

CARES Grant Evaluation Critiria-final

Filename: CARES_Grant_Evaluation_Critiria-final.docx **Size:** 16.8 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 24 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Ginger West

Applicant Title

Executive Director

Date

Feb 24 2021

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Citrus County Family Resource Center, Inc.
Evaluation Criteria

1. The CARES grant funds will be used to provide testing, medications and emergency procedures that can't be accomplished in the clinic setting or through other available grant monies, even though our doctor determines they are needed for proper patient care. These would include but not be limited to X-rays, MRI s, emergency dental, and blood work. We serve patients who have no insurance and only a small amount of money on which to live who have no other way to be tested than to go through the emergency room at the hospital which is burden to our community.

2. Currently patients are referred to us by the Citrus County Health Department and treated at Connections Homeless Outreach Center Clinic located at 3848 E. Parsons Point Road, Hernando, FL. The patient history is taken and then the patient is seen by our nurses for blood pressure checks and sugar checks as well as first aid. This takes place every Wednesday from 9 AM until the last patient is seen. Our doctor/director of the clinic comes twice a month during the same hours for more involved medical care. Currently, we have a grant to provide medical testing and services that are cancer related. The nurses handle those arrangements each week for people in the community who are unable to pay for such tests. The current procedure that is followed for Cancer screenings would be followed for this grant. The doctor writes any needed prescriptions and orders for any test needed. The nurses make the connections to the appropriate labs or testing sites. [We have been able to negotiate for reduced prices for blood work through Bio-Reference Labs in Crystal River and Inverness Imaging for X-Rays, Mammograms, MRIs, etc. when related to cancer screening and would do the same for this grant. We use Good RX for prescriptions and/or call around to get the best price for a particular prescription.] The nurses or staff follow up to see that the patient has the testing and the results come back to the doctor. If outside treatment is necessary, the nurses or staff assist the patient in obtaining that treatment.

3. By providing this CARES grant to Connections Clinic, you would give additional needed health care to a population who would not normally be able to receive care, thereby making them healthier members of the community, and easing the overload on emergency rooms for the same services. Rather

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

than wait until an emergency room visit is necessary, disease is controlled from spreading through the shelters by providing care when the person first becomes ill.

4. According to mid Florida Homeless Coalition, the homeless population has grown to nearly 300. Potentially all of these individuals need medical and dental assistance throughout the year. We are the only local free medical clinic where the homeless can receive services in Citrus County. We know that folks from the other side of the county and from each of the shelters have come for services. The medical clinic at Connections Outreach Center has been in operation since 2011, averaging 260 patient visits per year over the last eight years. Patients are successfully treated for many kinds illnesses. If there is a suspicion of cancer, our cancer designated funds are used to provide testing or support. We are proud to report testimonies from former patients letting us know of successful cancer treatment often noting that they would not have been tested without our program. One woman with a family history of breast cancer did not schedule a mammogram because she had no way to pay for the test. When we convinced her that she should go and that we had a way to cover the testing, she and the nurses arranged the mammogram. Happily, her cancer was in early enough stage that she was treated and is cancer free today. In another case, our doctor found a spot on the skin of one of the patients. We arranged with a local dermatologist to see him for a diagnosis and that man also was treated and is cancer free. Another woman was being treated at Moffat but had no funds to drive back and forth—we were able to help her continue her treatment. We believe we can have the same impact for non-cancer related illness with the CARES grant. The projected number of Citrus County citizens that will benefit from this program would be approximately 22 patients per month. This grant gives us the chance to improve the level of care at the clinic and treat those who would otherwise go to the emergency room for simple tests.

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

June 15, 2020 **Refer To: CH3193**

CITRUS COUNTY FAMILY RESOURCE CENTER, INC.
2435 N FLORIDA AVE
HERNANDO, FL 34442-4424

RE: CITRUS COUNTY FAMILY RESOURCE CENTER, INC.
REGISTRATION#: CH3193
EXPIRATION DATE: July 13, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Kayla Creech
Regulatory Consultant
850-410-3769
Fax: 850-410-3804
E-mail: kayla.creech@fdacs.gov

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Citrus County Family Resource Center, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 2435 N Florida Avenue

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Hernando, FL 34442

D Employer identification number: 59-2998366

E Telephone number: (352)344-1001

G Gross receipts $ 250,864.

F Name and address of principal officer: Virginia West, 2435 N Florida Avenue, Hernando, FL 34442

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: 1986

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Citrus County Family Resource Center offers the following: Support, parent education classes; clothing, toys baby furniture and referral services; Gifts to children who are in need and are under the protection of the state, such as in foster care;

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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	393
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	168,830.	250,748.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103.	116.
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)	168,933.	250,864.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	59,728.	59,338.
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)	44,496.	41,360.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40,378.	46,947.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	144,602.	147,645.
19	Revenue less expenses. Subtract line 18 from line 12	24,331.	103,219.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	358,129.	461,690.
21	Total liabilities (Part X, line 26)	541.	883.
22	Net assets or fund balances. Subtract line 21 from line 20	357,588.	460,807.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Virginia West, Vice-President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Janice M Saltmarsh	Janice M Saltmarsh	6/13/18		P00044934

Firm's name ► Humphrey & Saltmarsh PL — Firm's EIN ► 27-3264875

Firm's address ► 3600 E Gulf to Lake Hwy, Inverness, FL 34453 — Phone no. (352)341-3449

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant

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:

Citrus County Family Resource Center offers the following:
Support, parent education classes; clothing, toys baby furniture and referral services;
Gifts to children who are in need and are under the protection of the state, such as in foster care;

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 $ 134,641. including grants of $ 0.) (Revenue $ 250,748.)

Direct aid to individuals

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 134,641.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV.*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		×
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		×
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		×
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	×	

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		×
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		×
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for 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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		×
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 7		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		×

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Virginia West, 2435 N Florida Avenue, Hernando, FL 34442 (352)344-1001

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nuris Lemire President	3.00			×				0.	0.	0.
(2) Virginia West Vice-President	70.00			×				27,000.	0.	0.
(3) Michelle Cleary Secretary	3.00			×				0.	0.	0.
(4) Mary Floyd Treasurer	1.00			×				0.	0.	0.
(5) Deborah Clark Director	0.50	×						0.	0.	0.
(6) Rick Waldermar Director	0.50	×						0.	0.	0.
(7) Carol Peterman Director	0.50	×						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	**Sub-total** ▶								27,000.	0.	0.
c	**Total from continuation sheets to Part VII, Section A** ▶										
d	**Total (add lines 1b and 1c)** ▶								27,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		×
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		×
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		×

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.r

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	250,748.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		250,748.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		116.	116.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions. ▶		250,864.	116.	0.	0.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	59,338.	59,338.		
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	27,000.	24,300.	2,700.	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)				
7	Other salaries and wages	11,420.	11,420.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,940.	2,733.	207.	0.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	650.	0.	650.	0.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	3,887.	0.	3,887.	0.
14	Information technology				
15	Royalties				
16	Occupancy	25,730.	24,159.	1,571.	0.
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	8,987.	8,889.	98.	0.
23	Insurance	5,892.	3,519.	2,373.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Telephone	1,469.	0.	1,469.	0.
b	Postage	332.	283.	49.	0.
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	147,645.	134,641.	13,004.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	138,469.	1	141,836.
	2	Savings and temporary cash investments	100,990.	2	201,106.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 145,580.			
	b	Less: accumulated depreciation — 10b: 26,832.	118,670.	10c	118,748.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	358,129.	16	461,690.
Liabilities	17	Accounts payable and accrued expenses	541.	17	883.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	541.	26	883.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	357,588.	32	460,807.
	33	Total net assets or fund balances	357,588.	33	460,807.
	34	Total liabilities and net assets/fund balances	358,129.	34	461,690.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	250,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,645.
3	Revenue less expenses. Subtract line 2 from line 1	3	103,219.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	357,588.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	460,807.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	115,689.	151,288.	139,724.	168,830.	250,748.	826,279.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	115,689.	151,288.	139,724.	168,830.	250,748.	826,279.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						826,279.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	115,689.	151,288.	139,724.	168,830.	250,748.	826,279.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	107.	107.	107.	103.	116.	540.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						826,819.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.93 %
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	99.92 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 . . . . . ▶ ☐

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2017.** 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—2016.** 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 ▶ ☐

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Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount**. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013 . . .			
b	Excess from 2014 . . .			
c	Excess from 2015 . . .			
d	Excess from 2016 . . .			
e	Excess from 2017 . . .			

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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, 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* for the latest information.

OMB No. 1545-0047

2017

Name of the organization
Citrus County Family Resource Center, Inc.

Employer identification number
59-2998366

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 33⅓% 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).

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Name of organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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	Black Diamond Foundation 2600 Black Diamond Circle Beverly Hills FL 34465	$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	Brannen Foundation 165 Township Road Suite 1200 Jenkintown PA 19046	$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Copperhead Charities 36750 US Highway 41 North Palm Harbor FL 34684	$ 39,100.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	Jack & Florence Markley 8330 E Fairway Loop Inverness FL 34450	$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	W.L. Sammons 7150 N Whippoorwill Terrace Hernando FL 34442	$ 100,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	W.K. & N.J. Stern PO Box 2017 Inverness FL 34451	$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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	Ida Jean Wongrey Living Trust 514 Palma Ceia Point Inverness FL 34450	$ 8,100.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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

(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

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

2017

Open to Public Inspection

Name of the organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

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 (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		13,680.		13,680.
b	Buildings		110,801.	18,871.	91,930.
c	Leasehold improvements				
d	Equipment		21,099.	7,961.	13,138.
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				118,748.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII **Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments—Program Related.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X **Other Liabilities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	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.
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.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Citrus County Family Resource Center, Inc.

Employer identification number

59-2998366

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)							
(10)							
(11)							
(12)							

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.

BAA

REV 11/13/17 PRO

Schedule I (Form 990) (2017)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The

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	Direct aid to individuals	30,281	59,338.	69,574.	FMV	Food, clothing, bikes, toys
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.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The

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* for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
Citrus County Family Resource Center, Inc.

Employer identification number
59-2998366

Pt VI, Line 2: Virginia West and Michelle Cleary have a family relationship.

Pt VI, Line 11b: The Board of Directors will have the opportunity to review Form 990 before it is filed.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Citrus County Family Resource Center, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 2435 N Florida Avenue

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Hernando, FL 34442

D Employer identification number: 59-2998366

E Telephone number: (352)344-1001

G Gross receipts $ 223,719.

F Name and address of principal officer: Virginia West, 2435 N Florida Avenue, Hernando, FL 34442

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: 1986

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Citrus County Family Resource Center offers the following: Support, parent education classes; clothing, toys baby furniture and referral services; Gifts to children who are in need and are under the protection of the state, such as in foster care;

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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	539
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	250,748.	223,518.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	116.	201.
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)	250,864.	223,719.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	59,338.	71,762.
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)	41,360.	47,344.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,947.	44,889.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	147,645.	163,995.
19	Revenue less expenses. Subtract line 18 from line 12	103,219.	59,724.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	461,690.	521,456.
21	Total liabilities (Part X, line 26)	883.	925.
22	Net assets or fund balances. Subtract line 21 from line 20	460,807.	520,531.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Virginia West, Vice-President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Janice M Saltmarsh	Janice M Saltmarsh	5/2/19		P00044934

Firm's name ▶ Humphrey & Saltmarsh PL — Firm's EIN ▶ 27-3264875

Firm's address ▶ 3600 E Gulf to Lake Hwy, Inverness, FL 34453 — Phone no. (352)341-3449

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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:

Citrus County Family Resource Center offers the following:
Support, parent education classes; clothing, toys baby furniture and referral services;
Gifts to children who are in need and are under the protection of the state, such as in foster care;

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 $ 150,126. including grants of $ 0.) (Revenue $ 223,518.)

Direct aid to individuals

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 150,126.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

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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*	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		×
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		×
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	×	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

B.1.r

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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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ ..... See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
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

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Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a 7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Virginia West, 2435 N Florida Avenue, Hernando, FL 34442 (352)344-1001

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nuris Lemire President	1.00			×				0.	0.	0.
(2) Virginia West Vice-President	1.00			×				30,000.	0.	0.
(3) Michelle Cleary Secretary	1.00			×				0.	0.	0.
(4) Carol Peterman Treasurer	1.50			×				0.	0.	0.
(5) Rick Waldermar Director	0.50	×						0.	0.	0.
(6) Susan Bou Director	0.50	×						0.	0.	0.
(7) Mary Stiles Director	0.50	×						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	**Sub-total** ▶								30,000.	0.	0.
c	**Total from continuation sheets to Part VII, Section A** ▶										
d	**Total (add lines 1b and 1c)** ▶								30,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

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B.1.r

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	223,518.			
	g	Noncash contributions included in lines 1a–1f: $					
	h	**Total.** Add lines 1a–1f ▶		223,518.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		201.	201.	0.	0.
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶					
	12	**Total revenue.** See instructions ▶		223,719.	201.	0.	0.

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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 . . . . . ☐

	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	71,762.	71,762.		
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	30,000.	27,000.	3,000.	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)				
7	Other salaries and wages	13,979.	13,979.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,365.	3,135.	230.	0.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	650.	0.	650.	0.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	4,891.	0.	4,891.	0.
14	Information technology				
15	Royalties				
16	Occupancy	25,647.	24,177.	1,470.	0.
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	7,506.	7,407.	99.	0.
23	Insurance	4,576.	2,413.	2,163.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Telephone	1,200.	0.	1,200.	0.
b	Postage	419.	253.	166.	0.
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	163,995.	150,126.	13,869.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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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
Assets	1	Cash—non-interest-bearing		141,836.	1	208,906.
	2	Savings and temporary cash investments		201,106.	2	201,308.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 145,580.			
	b	Less: accumulated depreciation	10b 34,338.	118,748.	10c	111,242.
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		461,690.	16	521,456.
Liabilities	17	Accounts payable and accrued expenses		883.	17	925.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		883.	26	925.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		460,807.	32	520,531.
	33	Total net assets or fund balances		460,807.	33	520,531.
	34	Total liabilities and net assets/fund balances		461,690.	34	521,456.

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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	223,719.
2	Total expenses (must equal Part IX, column (A), line 25)	2	163,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	59,724.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	460,807.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	520,531.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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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* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,288.	139,724.	168,830.	250,748.	223,518.	934,108.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	151,288.	139,724.	168,830.	250,748.	223,518.	934,108.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						934,108.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	151,288.	139,724.	168,830.	250,748.	223,518.	934,108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	107.	107.	103.	116.	201.	634.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						934,742.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.93 %
15	Public support percentage from 2017 Schedule A, Part II, line 14	15	99.93 %

16a **33⅓% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33⅓% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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—2017.** 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 ▶ ☐

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014 . . .			
b	Excess from 2015 . . .			
c	Excess from 2016 . . .			
d	Excess from 2017 . . .			
e	Excess from 2018 . . .			

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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, 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* for the latest information.

OMB No. 1545-0047

2018

Name of the organization
Citrus County Family Resource Center, Inc.

Employer identification number
59-2998366

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 33⅓% 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).

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Citrus County Family Resource Center, Inc.
Employer identification number: 59-2998366

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	Black Diamond Foundation 2600 W Black Diamond Circle Lecanto FL 34461	$ 6,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	Comprehensive Health Management PO Box 31290 Tampa FL 33631	$ 6,900.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	Clinton & Barbara Rogers 4060 N Baywood Drive Hernando FL 34442	$ 6,750.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
4	Copperhead Charities 36750 US Highway 19 N Palm Harbor FL 34684	$ 39,721.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
5	WK & NS Stern PO Box 2017 Inverness FL 34451	$ 6,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
6	The TJX Foundation Inc 770 Cachituate Road Framingham MA 01701	$ 5,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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	Jean Wongrey 514 Palma Ceia Point Inverness FL 34450	$ 9,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	Leonard & Haydee Decisneros 114 W 47th Street New York NY 10036	$ 57,540.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

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

(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

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Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

2018

Open to Public Inspection

Name of the organization
Citrus County Family Resource Center, Inc.

Employer identification number
59-2998366

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 (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included in (a) 2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ .....
(ii) Assets included in Form 990, Part X ▶ $ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ .....
b Assets included in Form 990, Part X ▶ $ .....

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ..... %
b Permanent endowment ▶ ..... %
c Temporarily restricted endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0.	13,680.		13,680.
b	Buildings	0.	110,801.	21,714.	89,087.
c	Leasehold improvements				
d	Equipment	0.	21,099.	12,624.	8,475.
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				111,242.

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Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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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	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.
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.

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Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Citrus County Family Resource Center, Inc.

Employer identification number

59-2998366

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)							
(10)							
(11)							
(12)							

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 . . . . . ▶

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	Direct aid to individuals	37,705	71,762.	131,703.	FMV	Food, clothing, bikes, toys
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.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Citrus County Family Resource Center, Inc.

Employer identification number

59-2998366

Pt VI, Line 2: Virginia West and Michelle Cleary have a family relationship.

Pt VI, Line 11b: The Board of Directors will have the opportunity to review Form 990 before it is filed.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to *www.irs.gov/Form990* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Citrus County Family Resource Center, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 2435 N Florida Avenue

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Hernando, FL 34442

D Employer identification number: 59-2998366

E Telephone number: (352)344-1001

G Gross receipts $ 223,719.

F Name and address of principal officer: Virginia West, 2435 N Florida Avenue, Hernando, FL 34442

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: 1986

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Citrus County Family Resource Center offers the following: Support, parent education classes; clothing, toys baby furniture and referral services; Gifts to children who are in need and are under the protection of the state, such as in foster care;

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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	539
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	250,748.	223,518.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	116.	201.
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)	250,864.	223,719.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	59,338.	71,762.
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)	41,360.	47,344.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,947.	44,889.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	147,645.	163,995.
19	Revenue less expenses. Subtract line 18 from line 12	103,219.	59,724.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	461,690.	521,456.
21	Total liabilities (Part X, line 26)	883.	925.
22	Net assets or fund balances. Subtract line 21 from line 20	460,807.	520,531.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Virginia West, Vice-President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Janice M Saltmarsh	Preparer's signature: Janice M Saltmarsh	Date: 5/2/19	Check ☐ if self-employed: PTIN P00044934
Firm's name ► Humphrey & Saltmarsh PL			Firm's EIN ► 27-3264875
Firm's address ► 3600 E Gulf to Lake Hwy, Inverness, FL 34453			Phone no. (352)341-3449

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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:

Citrus County Family Resource Center offers the following:
Support, parent education classes; clothing, toys baby furniture and referral services;
Gifts to children who are in need and are under the protection of the state, such as in foster care;

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 $ 150,126. including grants of $ 0.) (Revenue $ 223,518.)

Direct aid to individuals

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 150,126.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
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

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.r

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a 7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		×

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (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 in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Virginia West, 2435 N Florida Avenue, Hernando, FL 34442 (352)344-1001

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nuris Lemire President	1.00			X				0.	0.	0.
(2) Virginia West Vice-President	1.00			X				30,000.	0.	0.
(3) Michelle Cleary Secretary	1.00			X				0.	0.	0.
(4) Carol Peterman Treasurer	1.50			X				0.	0.	0.
(5) Rick Waldermar Director	0.50	X						0.	0.	0.
(6) Susan Bou Director	0.50	X						0.	0.	0.
(7) Mary Stiles Director	0.50	X						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	**Sub-total** ▶								30,000.	0.	0.
c	**Total from continuation sheets to Part VII, Section A** ▶										
d	**Total (add lines 1b and 1c)** ▶								30,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		×
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		×
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		×

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.r

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	223,518.			
	g Noncash contributions included in lines 1a–1f: $					
	h **Total.** Add lines 1a–1f ▶		223,518.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		201.	201.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions ▶		223,719.	201.	0.	0.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.r

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	71,762.	71,762.		
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	30,000.	27,000.	3,000.	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)				
7	Other salaries and wages	13,979.	13,979.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,365.	3,135.	230.	0.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	650.	0.	650.	0.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	4,891.	0.	4,891.	0.
14	Information technology				
15	Royalties				
16	Occupancy	25,647.	24,177.	1,470.	0.
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	7,506.	7,407.	99.	0.
23	Insurance	4,576.	2,413.	2,163.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Telephone	1,200.	0.	1,200.	0.
b	Postage	419.	253.	166.	0.
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	163,995.	150,126.	13,869.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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		141,836.	1	208,906.
	2	Savings and temporary cash investments		201,106.	2	201,308.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 145,580.			
	b	Less: accumulated depreciation	10b 34,338.	118,748.	10c	111,242.
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		461,690.	16	521,456.
Liabilities	17	Accounts payable and accrued expenses		883.	17	925.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		883.	26	925.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		460,807.	32	520,531.
	33	Total net assets or fund balances		460,807.	33	520,531.
	34	Total liabilities and net assets/fund balances		461,690.	34	521,456.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	223,719.
2	Total expenses (must equal Part IX, column (A), line 25)	2	163,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	59,724.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	460,807.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	520,531.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,288.	139,724.	168,830.	250,748.	223,518.	934,108.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	151,288.	139,724.	168,830.	250,748.	223,518.	934,108.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						934,108.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	151,288.	139,724.	168,830.	250,748.	223,518.	934,108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	107.	107.	103.	116.	201.	634.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						934,742.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.93 %
15	Public support percentage from 2017 Schedule A, Part II, line 14	15	99.93 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 ▶ ☐

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** 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—2017.** 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 ▶ ☐

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

	Section D—Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014 . . .			
b	Excess from 2015 . . .			
c	Excess from 2016 . . .			
d	Excess from 2017 . . .			
e	Excess from 2018 . . .			

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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.)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.**

OMB No. 1545-0047

2018

Name of the organization	Employer identification number
Citrus County Family Resource Center, Inc.	59-2998366

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 33⅓% 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).

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

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	Black Diamond Foundation 2600 W Black Diamond Circle Lecanto FL 34461	$ 6,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	Comprehensive Health Management PO Box 31290 Tampa FL 33631	$ 6,900.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	Clinton & Barbara Rogers 4060 N Baywood Drive Hernando FL 34442	$ 6,750.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
4	Copperhead Charities 36750 US Highway 19 N Palm Harbor FL 34684	$ 39,721.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
5	WK & NS Stern PO Box 2017 Inverness FL 34451	$ 6,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
6	The TJX Foundation Inc 770 Cachituate Road Framingham MA 01701	$ 5,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

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	Jean Wongrey 514 Palma Ceia Point Inverness FL 34450	$ 9,500.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
8	Leonard & Haydee Decisneros 114 W 47th Street New York NY 10036	$ 57,540.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Name of organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

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

(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

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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

2018

Open to Public Inspection

Name of the organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

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 (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included in (a) 2c	
d	Number of conservation easements included in (c) acquired after 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance shee works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance shee works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0.	13,680.		13,680.
b	Buildings	0.	110,801.	21,714.	89,087.
c	Leasehold improvements				
d	Equipment	0.	21,099.	12,624.	8,475.
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				111,242.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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	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.
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.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Part XIII Supplemental Information *(continued)*

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: Citrus County Family Resource Center, Inc.

Employer identification number: 59-2998366

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)							
(10)							
(11)							
(12)							

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.

BAA REV 11/06/18 PRO

Schedule I (Form 990) (2018

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The

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	Direct aid to individuals	37,705	71,762.	131,703.	FMV	Food, clothing, bikes, toys
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.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The

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* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Citrus County Family Resource Center, Inc.

Employer identification number

59-2998366

Pt VI, Line 2: Virginia West and Michelle Cleary have a family relationship.

Pt VI, Line 11b: The Board of Directors will have the opportunity to review Form 990 before it is filed.

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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.
Citrus County Family Resource Center

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) C3

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.
3660 N Carl G Rose Hwy

Requester's name and address (optional)

6 City, state, and ZIP code
Hernando, Florida

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.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
5 9 - 2 9 9 8 3 6 6

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 ▶ Virginia L Hart Date ▶ 2-21-21

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*.

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.*

Attachment: 28 NPG1 Non-Profit Grant Packet- Citrus County Family Resource Center, Inc (12603 : The Citrus County Nonprofit Grant Program)



Non-Profit Grant

Citrus County Veterans Coalition

Application

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Citrus County
Board of County Commissioners

Non-Profit Grant
& Application Guidelines

Citrus County Government Building
3600 W. Sovereign Path
Lecanto, FL 34461
(352) [illegible]
CARES@citrusbocc.com
http://[illegible]

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

SUMMARY

The Citrus County Board of County Commissioners (BOCC) will award grants to 501(C)(3) nonprofit organizations to assist Citrus County citizens adversely affected due to COIVD 19. The Citrus County Nonprofit Grant Program will provide a grant for food purchase/distribution, and/or health care expenses to eligible 501(C)(3) organizations.

The grant funds are intended to supplement the organization's budget and are restricted in use for Food distribution programs and Health Care Programs. **All grant funds must be used in Citrus County for Citrus County residents.**

The amount of the grant award is based on the organization's request for funding, providing the required documentation, availability of funding, and the organization's food and health care delivery plan.

Applicants must conform to the Citrus County's policies and procedures as specified. Applicants failing to conform to the policies and procedures will not be considered for funding. **The BOCC must approve all funding requests**. Funds will be disbursed after approval of the grant award via an advanced payment and will require receipts of eligible grant expenses to be remitted within six months of the grant award. If the full grant award is not used by the organization, all unused funding will be returned to Citrus County.

APPLICATION SCHEDULE

A completed application must be submitted by February 26, 2021 at 5 p.m.; including an IRS W-9 form; Form 990 filings for the past three years; and a formal presentation to the BOCC, scheduled for March 16, 2021. Applications are accepted online at: www.cares@citrusbocc.com.

Deadlines are strictly enforced. All materials submitted with an Application will become a matter of public record, open to inspection by any citizen of the State of Florida subject to Chapter 119, Florida State Statutes.

There are no guarantees that applicants will be awarded funding. Even though a program may qualify, limited funds may not allow all programs to receive assistance. Decisions regarding the award of funds are at the sole discretion of the BOCC.

PRESENTATIONS

Presentations are mandatory and can only be given on the BOCC's Special Meeting date scheduled for March 16, 2021 at 9:00AM in the Citrus County Courthouse, Board Chambers, 110 S. Apopka Street, Inverness, Florida 34450. Presentation time is limited to fifteen (15) minutes with Q&A from BOCC. Following the presentation, the BOCC will review the grant and vote on a budget allotment. Funds cannot be obligated or expended prior to BOCC approval.

ELIGIBLE APPLICANTS

An organization is eligible for the Citrus County Nonprofit program if:

- Applicant attests that the organization was not otherwise grant program's expenses through some city, county, state, or federal program.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

- Applicant must be a 501(C)(3) organization with a principal address in Citrus County (as reported to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services) https://csapp.800helpfla.com/cspublicapp/businesssearch/businesssearch.aspx with operating an address in Citrus County, with operations anticipated to continue in the future.
- Applicant can only provide food & health care related items.
- Applicant's organization cannot be membership group entity.
- Applicant's personnel costs or administrative expenses will not be paid, only actual eligible expenses.
- Applicant's business must demonstrate the organization can service the distribution of food pantry sites and provide health care services sites in any location within Citrus County.
- The Applicant's award will be made via advance payment, and the organization must provide receipts for any eligible reimbursable expense(s) made that will be covered by the grant to include receipts/documentation and expense(s) date the services were rendered or when goods or services were distributed and the location within Citrus County.
- The Applicant must have a 2020-2021 Charitable Organization License issued by the State of Florida Department of Agriculture Division of Consumer Services.

INELIGIBLE APPLICANTS

- Applicant's organization membership group entity.
- An organization with unpaid code enforcement liens or fees due a City and or the County.
- An organization with a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).
- An organization without a 2020-2021 Charitable Organization License issued by the State of Florida Department of Agriculture Division of Consumer Services.
- An entity not being a 501(C)(3) organization with a principal address in Citrus County.

POLICIES

Citrus County organization operational and operations anticipated to continue in the future. The applicant's organization must be 501 (C) (3) non-profit organization. Applicant has a 2020-2021 Charitable Organization License issued by the Florida Department of Agriculture Division of Consumer Services.

Application Requirements

- A completed and signed IRS W-9 Form. The form can be found at: https://www.irs.gov/pub/irs-pdf/fw9.pdf
- Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.
- IRS 990 filings for the past three (3) Years

The Grant is not to be considered a perpetual funding source. All grant funds must be used within cities and communities within the borders of Citrus County. Any used grant funding will be returned to Citrus

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

County.

PROCEDURES

County Staff will review the grant applications to determine if all criteria are met prior to BOCC review. After submission, the BOCC will determine whether the program is appropriate for nonprofit grant funds.

At the BOCC Special Meeting scheduled for March 16, 2021, the BOCC will evaluate each Nonprofit Grant application. The BOCC, at its discretion, may approve or reject any application.

There are no guarantees that applicants will be awarded funding. Even though a program may qualify, limited funds may not allow all applicants to receive assistance. Decisions regarding the award of funds are at the sole discretion of the BOCC.

EVALUATION CRITERIA

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens.

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Applications must conform to the policies and procedures specified by the BOCC. Any application that is not in compliance will not be considered for funding.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

QUESTIONS

Q: How do I find my active Charity registration?
A: Search by "Business Name" on Check-A-Charity (use full legal business name), select listing with "Search", and attach most recent filing as a screenshot (if applicable). Please contact the Florida Department of Agriculture and Consumer Services for more information 1-800-HELP-FLA.

Q: How do I find information on Florida Charities?
A: https://www.fdacs.gov/Consumer-Resources/Charities/Charities-FAQ

Q: How will I submit my documents to you?
A: Clear legible scans, photos, and screen shots of the required documents can be uploaded.

Q: Can for profit organizations apply?
A: No, for profit organizations cannot apply.

Q: Are home-based business eligible to apply?
A: No, a home-based organization is not eligible.

Q: What happens if I do not include all of the required documents when I submit my application?
A: Only submit your application when you are able to provide the required documents. Applications will only be considered when they are submitted in their entirety.

Q: Can I apply in person or by mail?
A: No. The application must be completed online. Submit only once you are able to provide all of the required documents.

Q: What happens if my organization is awarded this grant?
A: The BOCC will make the determination at the Commission meeting when presentations are completed. Funds will be issued by check to the place of the organization.

Q: What if I have questions?
A: Please call (352) 527-5207 or email CARES@citrusbocc.com

AWARD PROCESS AND FUNDING AMOUNTS

If funding is approved by the Citrus County Board of County Commissioners, an award letter will be issued.

Due to the grant award payment advance, receipts and back-up information will need to be submitted to cares@citrusbocc.com .

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

The following are examples of how funds ***may*** be used:

Food Pantry Distribution

Health Care Services

Mental Health Services

Food (Perishable Consumed Items)

Food Storage

Baby formula and baby care products

Emergency boxes of Fruits

Emergency boxes of Vegetables

Emergency boxes of Meats

Other USDA government backed commodities

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

APPLICATION REQUEST

Organization Information

Organization: CITRUS COUNTY VETERANS COALITION

Primary Contact: RICHARD FLOY / MIKE O'BRIEN

Address: P.O. BOX 851

City: INVERNESS, FL Zip: 34451

Email: POPOSINGLE@GMAIL.COM / COLMOBI@YAHOO.COM

Phone: 727-492-0292 / 352-212-3846

Registered as a (501) (C) non-profit corporation? (Yes) No (Attach proof)

Requested Amount: $25,000.00

Total Budget: 35,000.00

* ***Program budget must be submitted together with this application****

Has this program previously received county or grant funding?

Yes X No ____

If you answered yes, please give a short description of the project and date funding was awarded:

CARE FUNDS to the LCVC

One hundred percent (100%) of the funds awarded to Grant recipients shall be used for the residents in Citrus County.

Briefly describe the mission of your non-profit organization and the food distribution and /or health care services provided in Citrus County.

TO PROVIDE ASSIST TO NEEDY VETERANS IN CITRUS COUNTY

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

Please explain the intended use of funding.

SEE ATTACHED
ITEM #1

Please provide detailed information on your organization's food distribution and/or health care service deployment plan?

SEE ATTACHED
ITEM #2

How will Citrus County benefit from your services?

SEE ATTACHED
ITEM #3

How many projected citizens of Citrus County will benefit from your organization's services if awarded this grant funding?

SEE ATTACHED
ITEM #4

List your organization's service locations in Citrus County?

SEE ATTACHED
ITEM #5

How many years has your organization served Citrus County?

SEE ATTACHED
ITEM #6

List the types of services your organization provides with food distribution services and/or health care services in Citrus County?

SEE ATTACHED
ITEM #7

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Non Profit Grant & Application Guidelines

[Attachment to original form page 8]

Item #1
Intended use of funding

Support of Veterans services, food distribution, repair of vehicles, of residences, wheel chair ramps, rental payments, utilities payments , and other necessary items for daily living. Support of the Mission in Citrus Veterans Shelter

Item #2
Provide detaled for food distribution and or/ health care service

Food distribution is on a monthly basis, or as needed. No one is turned away when a request for food is made. Most health needs are as request to the Veterans Coalition to pay medical visit to Dr.'s office or for medical prescriptions.

Item #3
How will Citrus County benefit for your service

Provide assistance to all veterans, active duty military personnel, reserve personnel, National Guard personnel, widows of military personnel, Purchase of tools and supplies to Veterans enrolled in technical courses. Support of the Mission in Citrus Veterans Shelter

Item#4
How many projected citizens of Citrus County will benefit

Approximately 100 families per month or approximately 150 Veterans and children, or veterans widows, also needed medical items including wheel chairs, walkers, bathroom items, etc.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Item#5
Organization Address in Citrus County

1081 N. Paul Dr.
Inverness, FL 34453
mailing address.
P. O. Box 851
Inverness, FL 34451

Item#6
How many years has your organization served Citrus County

The Citrus County Veterans Coalition has operated for the last 17 years, providing food and other assistance to needy Veterans in Citrus County.

Item #7
List types of service provided

We provide all types of food items, meat, canned goods, dairy items, water and bottled drinks, bread, cleaning supplies, various over the counter health care items.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines

FY 2020-2021

I, CITRUS COUNTY VETERANS COALITION, the Applicant, have reviewed this Application for the Non-Profit Grant and concur with the information submitted herein. To the best of my knowledge and belief, the information contained in this Application and its attachments is accurate and complete. If funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, the Applicant, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds be via an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

Richard Floyd
Authorized Agent Signature

2-26-2021
Date

RICHARD FLOYD
Print Name

Chairman
Title

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

APPLICATION CHECKLIST
(Checklist for presentation to BOCC)

Please Provide the Following. Some of the below can be covered in the application questions:

- ☑ Outline Strategic food distribution and/or health care service delivery options (detailed)
- ☐ Deployment dates and timing
- ☑ Amount requested
- ☑ Detailed Budget: including all itemized cost with expenses
- ☑ Service locations in Citrus County
- ☑ Intended use of funds
- ☑ How will Citrus County benefit from the project?
- ☑ How many anticipated Citrus County citizens will be served if you receive grant funding?
- ☐ Potential impact coverage to all local Citrus County communities?
- ☑ List past county or grant funding received food disbursements and/or health care services?
- ☑ How do you intend to accomplish your slated objectives?
- ☐ If the applicant wishes to present a PowerPoint presentation or has digital information to display, please email cares@citrusbocc.com your files and your information by February 26, 2021 at 5:00PM.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

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.
Citrus County Veterans Coalition

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) 501 C(3)

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.
box 851

Requester's name and address (optional)

6 City, state, and ZIP code
Inverness, fl, 34451

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.

Social security number
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer identification number
[0][6] – [1][7][2][0][7][3][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.

Sign Here | **Signature of U.S. person** ▶ Robert C Bendle | **Date** ▶ 2/26/2021

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.*

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.*

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

OT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2021
Secretary of State
5596389291CC

DOC . 4000002619

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/28/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT C. BENDLE TREASURER 01/28/2021

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2020
Secretary of State
6620376980CC

DOCUMENT# N04000002619

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/18/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT BENDLE TREASURER 01/18/2020

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002619

FILED
Jan 24, 2019
Secretary of State
6540964305CC

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/24/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT BENDLE TREASURER 01/24/2019

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002619

FILED
Jan 29, 2018
Secretary of State
CC1280184468

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/29/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT BENDLE TREASURER 01/29/2018

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002619

FILED
Feb 09, 2017
Secretary of State
CC8317835212

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 02/09/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	T
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT C. BENDLE TREASURER 02/09/2017

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

IRS

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** CITRUS COUNTY VETERANS COALITION INC
- **EIN:** 061720733
- **Tax Year:** 2020
- **Tax Year Start Date:** 01-01-2020
- **Tax Year End Date:** 12-31-2020
- **Submission ID:** 10065520210204251455
- **Filing Status Date:** 01-20-2021
- **Filing Status:** Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

FORM 990-N

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2019

Open To Public Inspection

A For the 2019 calendar year, or tax year beginning 01/01/2019 , and ending 12/31/2019

B Check if applicable
- ☐ Termination
- ☑ Gross Receipts are $50,000 or less

E Website Address

C Name of Organization
CITRUS COUNTY VETERANS COALITION INC

Number and Street (or P.O. box, if mail is not delivered to street address)
BBOX 851

City or town, state or country, and Zip + 4
INVERNESS, FL 34450-0000

F Name of Principal Officer
ROBERT C. BENDLE

Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer
PO BOX 851

City or town, state or country, and ZIP + 4
INVERNESS, FL 34451

D Employer ID number
06-1720733

Form 990-N

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

FORM 990-N

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2018

Open To Public Inspection

A For the 2018 calendar year, or tax year beginning 01/01/2018 , and ending 12/31/2018

B Check if applicable
- ☐ Termination
- ☑ Gross Receipts are $50,000 or less

E Website Address

C Name of Organization
CITRUS COUNTY VETERANS COALITION INC

Number and Street (or P.O. box, if mail is not delivered to street address)
BBOX 851

City or town, state or country, and Zip + 4
INVERNESS, FL 34450-0000

F Name of Principal Officer
ROBERT C. BENDLE

Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer
PO BOX 851

City or town, state or country, and ZIP + 4
INVERNESS, FL 34451

D Employer ID number
06-1720733

Form 990-N

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

FILED - 1/26/18

FORM 990-N

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2017

Open To Public Inspection

A For the 2017 calendar year, or tax year beginning 01/01/2017 , and ending 12/31/2017

B Check if applicable
- ☐ Termination
- ☑ Gross Receipts are $50,000 or less

E Website Address

C Name of Organization
citrus county veterans coalition

Number and Street (or P.O. box, if mail is not delivered to street address)
bbox 851

City or town, state or country, and Zip + 4
Inverness, FL 34450

F Name of Principal Officer
robert bendle

Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer
6230 e. plum st.

City or town, state or country, and ZIP + 4
inverness, FL 34452

D Employer ID number
61720733

Form 990-N

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Charitable Organization/Sponsors Registration Application

PREVIOUS NEXT

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

NICOLE "NIKKI" FRIED
COMMISSIONER

CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION APPLICATION

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352)
850-410-3800 Calling Outside Florida
www.800helpfla.com • 850-410-3804 Fax

Make check or money order payable and remit application to:
FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Edit Business Information Top

Legal Name:	CITRUS COUNTY VETERANS COALITION, INC.
FEIN:	06-1720733
Business Phone:	352-400-8952
Business Address:	1039 N PAUL DR INVERNESS Florida 34453-0318
Mailing Address:	PO BOX 851 INVERNESS Florida 34451-0851
Email Address:	bendle1@yahoo.com
Website Address:	ccvc.vet
Fictitious Names**	Not Applicable

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Edit Organization Information Top

Form of Organization:	Corporation		
FEIN:	06-1720733		
Established In:	Florida	**Legally Established:**	3/8/2004

Edit Business Details Top

Month/Day fiscal year ends:	12/31
Organization's Internal Revenue Service Status:	501(c)(3)

Purpose of the Organization:

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

TO ASSIST VETERANS FINANCIALLY IN NEED and TO PROVIDE A CLEARING HOUSE FOR VETERANS INQUIRIES. TO PROVIDE A NO COST FOOD PANTRY FOR NEEDY VETERANS AND DEPENDENTS

Purpose for which the contributions are used:

TO DIRECTLY ASSIST VETERANS IN NEED.establish a scholarship fund for veteran's. to create a scholarship fund for veteran's use in college courses.

Major Program activities: purchase of food for distribution to veterans and their dependents. to assist veterans in payment of electric bills in arrears. to assist with financial help where possible.

Edit License History Top

Is this organization authorized by any other state to solicit contributions:	No
Has this organization been engaged in Unlawful practices?:	No
Has the organization had its registration denied?:	No
Has the organization voluntarily entered into an assurance of voluntary compliance(AVC) or agreement similiar to Florida Statutes?:	No

Conflict of Interest

Have all directors, officers and trustees read and complied with the conflict of interest statement for the organization?:	Yes

Edit Owner/Management Information Top

Officer 1

Name:	RICHARD FLOYD
Title:	Authorized Agent In Charge of Distribution In Charge of Solicitation President
Phone:	352-726-5031
Address:	1003 TULANE TER INVERNESS Florida 34450-6854

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Officer 2

Name:	ROBERT BENDLE
Title:	In Charge of Distribution

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

In Charge of Solicitation
Treasurer

Phone: 315-778-5718

Address: 6230 E PLUM ST
INVERNESS Florida 34452-7954

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Officer 3

Name: SHELIA BENDLE

Title: Secretary

Phone: 352-560-3533

Address: 6230 E PLUM ST
INVERNESS Florida 34452-7954

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Officer 4

Name: WALLACE TURNER

Title: Trustee

Phone: 352-637-6206

Address: 360 N ROBIN HOOD RD
INVERNESS Florida 34450-2015

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**

4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Edit Employee Information Top

Other Employees: Not Applicable

Edit Branch offices, Chapters or Affiliates Top

Other Locations: Not Applicable

Edit Professional Solicitors Top

Other Locations: Not Applicable

Edit Fundraising Consultants Top

Other Locations: Not Applicable

Edit Commercial Co-venturers Top

Other Locations: Not Applicable

Edit Financial Statement Top

Fiscal year ending: 12/31/2019

Financial statement source: Department's financial report form

Department's financial report form

Revenues

1.	**Federated campaigns:** (must provide a list of sources and amounts)	0
2.	**Government grants:** (must provide a list of sources and amounts)	0
3.	**Program sevice revenue:**	0
4.	**Membership dues:**	380
5.	**Income from interest, dividends, etc.**	0
6.	**Income from investments & tax-exempt bond proceeds:**	0
7.	**Sale of assets other than inventory:**	
	a. Gross sales	0
	b. Less sales expenses	0
	c. Net gain or (loss) from sale of assets	0
8.	**In-kind contributions (non-cash contributions):**	
9.	**Royalties:**	
10.	**Related organizations:** (Must provide a list of sources and amounts)	
11.	**Net rental income:**	0
12.	**Sales of inventory:**	
	a. Gross sales	8923.
	b. Less: costs of goods sold	641.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

c. Net income or (loss) from inventory sales	8282.
13. **Income from fundraising events:**	
a. Gross	9824.
b. Less: direct expenses	800.
c. Net income or (loss) from fundraising events	9024
14. **Income from gaming activities:**	
a. Gross	0
b. Less: direct expenses	0
c. Net income or (loss) from gaming activities	0
15. **All other contributions, gifts, grants & similar amounts:**	0
16. **TOTAL REVENUE (Add lines 1,2,3,4,5,6,7c,8,9,10,11,12c,13c,14c & 15)**	17686

Expenses

17. Program services expenses, including payments to affiliates	20163.
18. Management & general	3356
19. Fundraising	404.
20. **TOTAL EXPENSES (add lines 17, 18, and 19)**	23923

Net Assets

21. **Excess (or deficit) for the year (line 16 less line 20)**	2881.
22. Net assets or fund balance at beginning of year	20157.
23. Net assets or fund balance at end of year (add lines 21 & 22)	23038.

Balance Sheet

	(A) Beginning of Year	(B) End of Year
Cash, saving and investments	40909	43240
Land and building	11400.	11400.
Other assets (describe on separate sheet)	0	0
Total assets	31557.	35990.
Total liabilities (describe on separate sheet)		
Total assets or fund balance	20157.	23923
	(From Line 21)	(From Line 22)

Functional Expense Statement

	(A) Program Services	(B) Management and General	(C) Fundraising
Grants and Allocations (cash_ __ Non cash _____) Attach schedule			
Assistance to individuals			
Benefits to or for members			
Compensation to officers, etc.			
Other salaries, wages, etc.			
Fees for service non employee			
Other benefits, pensions, etc			

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Payroll taxes			
Professional fundraising fees			
Investment management fees			
Accounting fees			
Management			
Legal fees			
Lobbying			
Office Supplies		55	
Telephone		1964	
Postage and shipping		89	
Equipment rental			
Occupancy			
Printing		160	
Travel			
Conferences and meetings			
Interest			
Insurance		430	
Advertising & promotions			404
Information technology		566.	
Royalties			
Payments to affiliates			
Depreciation, depletion & amortization			
Other (List Item)	operational fund-3760		
Other (List Item)	aid to vets-8033.	shelving unit-92.	
Other (List Item)	food pantry-2370.		
Other (List Item)	vet's scholarship6000.		
Total Expenses	20163	3356	404

Edit Supporting Documents(List of Sources and Amounts) Top

Not Applicable

Edit Application Questionnaire Top

Did the charitable organization or sponsor receive $25,000 or more in total revenue during the immediately preceding fiscal year?:	Yes
Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ?:	No
Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member?:	No
Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture?:	No

Edit Registration application Type Top

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

B.1.s

Registration Application Type: Charitable

Registration Fee: 75

Edit Preparer Information Top

First Name: robert
Last Name: BENDLE
Company Name: CITRUS COUNTY VETERAN'S COALITION INC.
Phone Number: 315-778-5718

Edit Signature Information Top

* ☑ I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

* ☑ I have read the registration application and know the contents thereof; and

* ☑ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

Signature Name: bendle1@yahoo.com

Signature Date: 5/16/2020

PREVIOUS NEXT

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Citrus county veterans coalition monthly report january 2020

Credits:

Donation-metts--j ebert----------50.00
Dues---marin,luce----------35.00
Ny club----------150.00
Flea market---------- 1512.00
Yd sale items (richard)at home----------155.00
Yd. sale late----------20.00
-don. J. colby----------100.00
Dues- 25and 10----------35.00
Flanagan foundation----------800.00

Total----------2857.00

BEGINNING BALANCE--10386.85
CREDITS----------2857.00
DEBITS----------2639,85
ENDING----------10604.00

VETS AID------3181.20
PANTRY-------3711.40
OP-FD---------1590.60
RE- ED--------2120.80

DEBITS:

CH.--2292-COMMUNITY FOOD STORE-500.00-----PANTRY
CH-2293--TABLE AND CHAIR----------66.25-----AID
CH-2294-LORDCO----------31.95----PANTRY
CH-2295-60.00-TICKETS TO FF----------60.00---COALITION
CH-2296-PO BOX RENT----------92.00---COALITION
CH-2297- OLAF RENT----------100.00-OP FUND
CH-2298-KUSTOM GLASS BADGES------117.50-COALITION
CH-2299-DUKE ENERGY----------171.95--AID
Ch-2300- D.A.V. RENT ANNUAL----------400.00 --COALITION
CH-2301-DUKE ENERGY BIRSTLER-----277.89 AID
CH-2302-FL.STATE ANNUAL REPORT---61.25--OP FD
CH-2303-IRS-99N REP0RT---------- 39.95--OP FD
CH 2304-OFFICE MAXII(LEDGER)---------27.76--OP FD
CH-2305-S.E.C.O. DEPOSIT NEW BDLG. 480.00-PANTRY
ACH-SECO 2 SHEDS----------110.39-pantry
ACH-VERIZON- PHONE----------119.54-coalition
BANK AUDIT-FEE----------10.20-coalition
al----------2639.85

DEPOSITS NOT RECORDED
0
CHECKS OUTSTANDING
CHECK#--2304--27.76

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT FEBRUARY 2020

CREDITS:

FLEA MARKET----------1472.00
TOTAL----------1472.00

DEBITS:

2306---VET.S AID--R.MANN--RENT-(T. hENDRY)------300.00
2307---LOWES MONEY CARD FOR NEW BDLG.-----500.00
2309 SIGNS FAST---CCVC SIGN----------50.00
2308---VOID----------
2310--VET. AID (J MCCANN) ½ DUKE----------135.00
2311--OLAF FENT----------100.00
2312-LORDCO --(CARDS)----------31.90
2313-office max(50-50 tickets----------13.99
2314-APEX--FOOD STORAGE BAGS----------60.74 *
2315-ANGELOTTI,S PIZZA(-WORKERS MOVE)--------88.00 *
2316-WALMART (CC BOB) BIKE TIRE AND TUBE-----33.81
ACH--S.E.C.O. SHEDS 67.49 &54.92----------122.41
ACH--VERIZON-2 PHONES----------119.54

TOTAL----------1555.39
(1406.65)

OUTSTANDING CHECKS
2314---60.74
2315---88.00

BEGINNING ---10604.00
CEDITS---------1472.00
DEBITS---------1555.39
ENDING--------10520.61

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT MARCH 2020

CREDITS

DONATION- J & G BUDD----------150.00
SECO REFUND CHECK----------15.97
KNIGHTS OF COLUMBUS ---------- 4185.00
SALE OF T SHIRT DECAL MACH. R. F.----------100.00
DEPOSIT(10 DUES,50 DONATION,100 DONATION-------160.00

TOTAL----------4610.97

DEBITS:

QUALITY INN---VET 1 NIGHT HOUSING---------- 87.50
OFFICE MAX (INK) D. HUNTINGTON NEWS LETTER-----27.23
APEX GLOVES & CUPS----------17.56
O.L.A.F. DONATION FOR GIVING US FOOD.----------100.00*
s.e.c.o.-(1081 n. Paul----------100.67
s.e.c.o. 1045 n.paul----------51.31
VERIZON----------119.54 OUT STANDING CHECK 2320*

TOTAL----------503.81

BEGINNING ----------10560.61
CREDITS----------4610.97
DEBITS----------503.81
FINAL----------14667.77

AID TO VETS-------4400.33
PANTRY----------5133.72
OP-FD----------2200.16
RE-ED----------2933.56

ED JONES-30,650.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT APRIL 2020

CREDITS:

DONATION (ANONYMOUS)----------1200.00
DONATION (G&J BUDD----------200.00
DONATION (M. FORTSON)----------100.00
DONATION (DAN-SALE OF MOTOR MOUNT----------100.00

TOTAL----------1600.00

DEBITS:

S.E.C.O.----------(1043 SHED---------- 42.71
S.E.C.O.----------1081 BDLG----------114.37
VERIZON ---------- (PHONES)----------119.42
COMMUNITY FOOD BANK----------500.00 (DATED 4/28 - OUT

TOTAL----------776.50

BEGINNING BALANCE----------15667.77
CREDITS----------1600.00
DEBITS----------776.50
FINAL----------16491.27

AID TO VETS---------- -4947.40
PANTRY----------5771.94
OP-FD----------2473.69
RE-ED FUND----------3298.24

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT May 2020

CREDITS:

INV. SALE-----RICHARD----------125.00
BACKES, G----------DON.----------100.00
FLEET RES ASSOC----------300.00
(DON)--CZERWINSKI----------100.00
(DON) G&J BUDD----------100.00
(DON) CLELLAND)----------100.00
3 WHEEL BIKE SALE (DAN)----------350.00
CITRUS CO. HOSPITAL BOARD----------10.000.00

TOTAL-11175.00

DEBITS:

APEX (SUPPLIES)----------50.36
TAX COLL VEHICLE TAGS----------59.20
S.E.C.O. STOR. SHED----------50 79
S.E.C.O.1081----------189.14
DANIELS AC-------cUSIMANO,A., VET AID ----------340.00
GOLF CARTS UNL---CARBURATOR AND ADJ.---------70.00
W. TURNER-(CARBERATOR GOLF CART----------25.00
WALMART (MICROWAVE--VET AID-TARVER----------68.74
MINZER, RICKY (PARTIAL RENT,W/M.UNITED------ 203.00
R.BENDLE (ANNUAL REPORT S.OF CONTRI----------75.00
VERIZON (2) PHONES----------119.42

TOTAL---------1250.65

EGINNING BAL--16491.27

ENDING BAL-------26415.62----------

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Ccvc monthly report June 2020

Credits:

Kings Bay Rotary----------3000.00
B. Marshal Trust ----------500.00
G & J Budd----------100.00
Sale of pots----------30.00
Garage sale ----------504.00
Table and chairs (Tom)----------100.00
donation---(clelland)----------25.00
Garage sale----------433.00
Credit from last month---------- 4.00
total----------4696.00

Debits:

Community food----------2321----------500.00
Coffee pot (pantry)----------2332----------64.52
Truck tire (Amy)----------2331----------203.00
S.E.C.O.-elec bill (D Ross) aid to vet---2333-----123.25
Lowes (sacrete)Flag pole base------2334----------15.68
S.E.C.O.----------1081----------ach----------254.96
S.E.C.O.----------1045----------ach----------48.12
Verizon----------ach----------119.42
Total----------1328.95

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT JULY 2020

CREDITS :

SALE ITEMS----------167.00
iNVERNESS ELKS----------2500.00
SALE OF ITEMS----------628.00
DONATION-(CLELLAND)----------25.00
DONATION (g &J)----------100.00
FREEZER AND DESK SALE----------523.00
TOTAL----------3993.00

DEBITS:

CHECK #2336(BENDLE)--COST OF FRIDGE& FREEZER)------5537.00
WINDOW FLAG TREATMENT---------- 240.00
S.E.C.O.-(STORAGE SHED---------- 55.57
S.E.C.O. (1081)----------309.09
RYAN SIGNS(4X8 SIGN FOR BDLG.----------150.00
TIRE KINGDOM (VET'S AID)(SWEREDOWSKI) ½ W/ MISSION-- 560.01
RENT PAID- c rOBERTS (R. KEEGAN VET'S AID----------200.00
INS AUTO OWNERS ANNUAL RENEWAL----------451.00
VERIZON PHONES----------120.20

TOTAL----------7622.67

CHECKS OUT ----------2340---SAV A LOT----------208.96
2351---LOWES---------- 15.25
TOTAL 224.20

BEGINNING BALANCE----------29781.67
CREDITS---------- 3993.00
DEBITS----------7622.67
CHECKS OUT----------224.21

ENDING BALANCE ----------25927.79

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC Monthly Report August 2020

CREDITS:

GARAGE SALE----------1200.00
DONATION-(lESLIE C. FRAZE----------1000.00
DONTION (W. BAILEY)----------100.00
DONATION (G& J BUDD)----------100.00
GARAGE SALE----------176.00

TOTAL----------2576.00

DEBITS:

LOWES (PUSH BROOM)----------15.25
S.E.C.O.----(WAREHOUSE)----------65.71
S.E.C.O.---(PANTRY)----------361.17
SAV-A-LOT CANNED GOODS----------208.96
CCVF HOLE SPONSOR----------125.00
HOME DEPOT (PUSH CART)----------126.14
KNIGHTLY AUTO vET'S AID (MICHAEL LEA) ----------352.60
VERIZON (PHONES)----------120.60

TOTAL----------1375.43

BEGINNING BALANCE----------25798.04
CREDITS----------2576.00
DEBITS:----------1375.43
ENDING BALANCE----------26938.61

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT SEPTEMBER 2020

CREDITS:

DONATION (FLEET RESERVE)	500.00
GARAGE SALE*+POWERCHAIR	703.00
DONATION (FAMILY FOUNDATION)	488.00
DONATION (BILL MARYJANE CLELLAND)	50.00
SALE OF GOODS	110.00
SALE OF CHAIR LIFT	300.00
DONATION (J&G BUDD	100.00
TOTAL	2251.00

DEBITS:

COMMUNITY FOOD STORE	500.00
S.E.C.O. SHED	64.19
S.E.C.O. 1081	314.42
DUKE ENER--(MICHAEL PROVOST)	200.00
DUKE ENER (LEONARD BERGER	78.35
TIRE KINGDOM (T. HENDRY	468.57
VERIZON (PHONES)	114.83
TOTAL	1740.36

BEGINNING BALANCE	26938.61
CREDITS	2251.00
DEBITS	1740.36
ENDING BAL	27449.25

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT OCTOBER 2020

CREDITS:

SALE OF VAN ----------4000.00
SALE OF GOLF CART----------5000.00
GARAGE SALE----------670.00
DONATION J&G BUDD----------100.00

TOTAL----------9770.00

DEBITS:

APEX (GROCERY BAGS)----------16.99
ACE (LOCK AND KEYS)----------30.71
SAV A LOT----------75.76
APEX (GLOVES)----------14.50
S.E.C.O/ pANTRY----------327.32
S.E.C.O. STOREROOM---------- 79.11
VERIZON PHONES----------114.87

TOTAL---------- 659.26

BEGINNING BALANCE----------27449.25
CREDITS----------9770.00
DEBITS----------659.26
ENDING BALANCE----------36559.99

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT NOVEMBER 2020

CREDITS:

DONATION (CLELLAND)----------50.00
SALE OF ITEM----------25.00
DONATION (CAREER SOURCE)----------501.00
GARAGE SALE----------277.00
DONATION(MCCLELLAND)----------50.00

TOTAL----------903.00

DEBITS:

MALIK (⅓ OF RENT)----------300.00
D MC FARLAND (PARTIAL RENT FOR TRAVIS, M.----------104.00
S.E.C.O. WAREHOUSE----------58.87
S.E.C.O. PANTRY----------252.36
FEEDING ALLIANCE----------200.00
SAV A LOT----------63.67
WINN-DIXIE (CAKE AND CARD PAULA)----------15.22
OFFICE MAX (INFO SHEETS 2021)----------14.00
VERIZON (PHONES)----------114.88

TRANSFER TO ED JONES----------20,000.00

TOTAL---------- 21123.00

BEGINNING BALANCE----------36559.99
CREDITS----------903.00
DEBITS----------2123.00
ENDING BALANCE----------16,339.99

ED JONES 0N 12/2/2020----------56,267.60

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT DECEMBER 2020

CREDITS:

DONATION J&G BUDD----------250.00
DONATION--J&M FORTSON----------200.00
SALE (GOLF CART)---------- 500.00
DONATION (MEMORIAL FOR GEORGE)---------- 125.00
SALE (TRAILER)---------- 1200.00
DONATION M&B CLELLAND----------50.00
PROCEEDS GARAGE SALE----------344.00
DONATION (BOB cUSSON)----------200.00
DONATION (B MARSHALL TRUST FD.----------500.00
DONATION (V.F.W. BEV HILLS)----------200.00
DONATION (J& G BUDD)----------150.00
TOTAL----------3719.00

DEBITS:

Community food store----------500.00
Sav a lot----------92.76
Sav a lot----------46.44
S.e.c.o. 1081 bdlg.---------- 181.69
S.e.c.o. Storeroom----------48.15
Sav a lot----------66.72
Verizon phones----------114.88
Angelotti's (vol luncheon----------297.64
Total----------1348.28

Starting balance---------- 16,339.99
Credits----------3719.00
Debits----------1348.28
Ending balance----------18,710.71

A donation of $5000.00 was made by an anonymous donor, was placed in Ed Jones

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Charitable Organization/Sponsors Registration Application

PREVIOUS NEXT

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

NICOLE "NIKKI" FRIED
COMMISSIONER

CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION APPLICATION

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352)
850-410-3800 Calling Outside Florida
www.800helpfla.com • 850-410-3804 Fax

Make check or money order payable and remit application to:
FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Edit Business Information Top

Legal Name:	CITRUS COUNTY VETERANS COALITION, INC.
FEIN:	06-1720733
Business Phone:	352-400-8952
Business Address:	1039 N PAUL DR INVERNESS Florida 34453-0318
Mailing Address:	PO BOX 851 INVERNESS Florida 34451-0851
Email Address:	bendle1@yahoo.com
Website Address:	ccvc.vet
Fictitious Names**	Not Applicable

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Edit Organization Information Top

Form of Organization:	Corporation		
FEIN:	06-1720733		
Established In:	Florida	**Legally Established:**	3/8/2004

Edit Business Details Top

Month/Day fiscal year ends:	12/31
Organization's Internal Revenue Service Status:	501(c)(3)

Purpose of the Organization:

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

TO ASSIST VETERANS FINANCIALLY IN NEED and TO PROVIDE A CLEARING HOUSE FOR VETERANS INQUIRIES. TO PROVIDE A NO COST FOOD PANTRY FOR NEEDY VETERANS AND DEPENDENTS

Purpose for which the contributions are used:

TO DIRECTLY ASSIST VETERANS IN NEED.establish a scholarship fund for veteran's. to create a scholarship fund for veteran's use in college courses.

Major Program activities: purchase of food for distribution to veterans and their dependents. to assist veterans in payment of electric bills in arrears. to assist with financial help where possible.

Edit License History Top

Is this organization authorized by any other state to solicit contributions:	No
Has this organization been engaged in Unlawful practices?:	No
Has the organization had its registration denied?:	No
Has the organization voluntarily entered into an assurance of voluntary compliance(AVC) or agreement similiar to Florida Statutes?:	No

Conflict of Interest

Have all directors, officers and trustees read and complied with the conflict of interest statement for the organization?:	Yes

Edit Owner/Management Information Top

Officer 1

Name: RICHARD FLOYD

Title: Authorized Agent
In Charge of Distribution
In Charge of Solicitation
President

Phone: 352-726-5031

Address: 1003 TULANE TER
INVERNESS Florida 34450-6854

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Officer 2

Name: ROBERT BENDLE

Title: In Charge of Distribution

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

In Charge of Solicitation
Treasurer

Phone: 315-778-5718

Address: 6230 E PLUM ST
INVERNESS Florida 34452-7954

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Officer 3

Name: SHELIA BENDLE

Title: Secretary

Phone: 352-560-3533

Address: 6230 E PLUM ST
INVERNESS Florida 34452-7954

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Officer 4

Name: WALLACE TURNER

Title: Trustee

Phone: 352-637-6206

Address: 360 N ROBIN HOOD RD
INVERNESS Florida 34450-2015

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

B.1.s

arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] **No**

4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Edit Employee Information Top

Other Employees: Not Applicable

Edit Branch offices, Chapters or Affiliates Top

Other Locations: Not Applicable

Edit Professional Solicitors Top

Other Locations: Not Applicable

Edit Fundraising Consultants Top

Other Locations: Not Applicable

Edit Commercial Co-venturers Top

Other Locations: Not Applicable

Edit Financial Statement Top

Fiscal year ending: 12/31/2019

Financial statement source: Department's financial report form

Department's financial report form

Revenues

1.	**Federated campaigns:** (must provide a list of sources and amounts)	0
2.	**Government grants:** (must provide a list of sources and amounts)	0
3.	**Program sevice revenue:**	0
4.	**Membership dues:**	380
5.	**Income from interest, dividends, etc.**	0
6.	**Income from investments & tax-exempt bond proceeds:**	0
7.	**Sale of assets other than inventory:**	
	a. Gross sales	0
	b. Less sales expenses	0
	c. Net gain or (loss) from sale of assets	0
8.	**In-kind contributions (non-cash contributions):**	
9.	**Royalties:**	
10.	**Related organizations:** (Must provide a list of sources and amounts)	
11.	**Net rental income:**	0
12.	**Sales of inventory:**	
	a. Gross sales	8923.
	b. Less: costs of goods sold	641.

Packet Pg. 1745

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

c. Net income or (loss) from inventory sales	8282.
13. **Income from fundraising events:**	
a. Gross	9824.
b. Less: direct expenses	800.
c. Net income or (loss) from fundraising events	9024
14. **Income from gaming activities:**	
a. Gross	0
b. Less: direct expenses	0
c. Net income or (loss) from gaming activities	0
15. **All other contributions, gifts, grants & similar amounts:**	0
16. **TOTAL REVENUE (Add lines 1,2,3,4,5,6,7c,8,9,10,11,12c,13c,14c & 15)**	17686

Expenses

17. Program services expenses, including payments to affiliates	20163.
18. Management & general	3356
19. Fundraising	404.
20. **TOTAL EXPENSES (add lines 17, 18, and 19)**	23923

Net Assets

21. **Excess (or deficit) for the year (line 16 less line 20)**	2881.
22. Net assets or fund balance at beginning of year	20157.
23. Net assets or fund balance at end of year (add lines 21 & 22)	23038.

Balance Sheet

	(A) Beginning of Year	(B) End of Year
Cash, saving and investments	40909	43240
Land and building	11400.	11400.
Other assets (describe on separate sheet)	0	0
Total assets	31557.	35990.
Total liabilities (describe on separate sheet)		
Total assets or fund balance	20157.	23923
	(From Line 21)	(From Line 22)

Functional Expense Statement

	(A) Program Services	(B) Management and General	(C) Fundraising
Grants and Allocations (cash_ __ Non cash _____) Attach schedule			
Assistance to individuals			
Benefits to or for members			
Compensation to officers, etc.			
Other salaries, wages, etc.			
Fees for service non employee			
Other benefits, pensions, etc			

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Payroll taxes			
Professional fundraising fees			
Investment management fees			
Accounting fees			
Management			
Legal fees			
Lobbying			
Office Supplies		55	
Telephone		1964	
Postage and shipping		89	
Equipment rental			
Occupancy			
Printing		160	
Travel			
Conferences and meetings			
Interest			
Insurance		430	
Advertising & promotions			404
Information technology		566.	
Royalties			
Payments to affiliates			
Depreciation, depletion & amortization			
Other (List Item)	operational fund-3760		
Other (List Item)	aid to vets-8033.	shelving unit-92.	
Other (List Item)	food pantry-2370.		
Other (List Item)	vet's scholarship6000.		
Total Expenses	20163	3356	404

Edit Supporting Documents(List of Sources and Amounts) Top

Not Applicable

Edit Application Questionnaire Top

Did the charitable organization or sponsor receive $25,000 or more in total revenue during the immediately preceding fiscal year?:	Yes
Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ?:	No
Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member?:	No
Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture?:	No

Edit Registration application Type Top

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

B.1.s

Registration Application Type: Charitable

Registration Fee: 75

Edit Preparer Information Top

First Name: robert
Last Name: BENDLE
Company Name: CITRUS COUNTY VETERAN'S COALITION INC.
Phone Number: 315-778-5718

Edit Signature Information Top

* ☑ I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

* ☑ I have read the registration application and know the contents thereof; and

* ☑ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

Signature Name: bendle1@yahoo.com

Signature Date: 5/16/2020

PREVIOUS NEXT

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Citrus county veterans coalition monthly report january 2020

Credits:

Donation-metts--j ebert----------50.00
Dues---marin,luce----------35.00
Ny club----------150.00
Flea market---------- 1512.00
Yd sale items (richard)at home----------155.00
Yd. sale late----------20.00
-don. J. colby----------100.00
Dues- 25and 10----------35.00
Flanagan foundation----------800.00

Total----------2857.00

BEGINNING BALANCE--10386.85
CREDITS----------2857.00
DEBITS----------2639,85
ENDING----------10604.00

VETS AID------3181.20
PANTRY-------3711.40
OP-FD---------1590.60
RE- ED--------2120.80

DEBITS:

CH.--2292-COMMUNITY FOOD STORE-500.00-----PANTRY
CH-2293--TABLE AND CHAIR----------66.25-----AID
CH-2294-LORDCO----------31.95----PANTRY
CH-2295-60.00-TICKETS TO FF----------60.00---COALITION
CH-2296-PO BOX RENT----------92.00---COALITION
CH-2297- OLAF RENT----------100.00-OP FUND
CH-2298-KUSTOM GLASS BADGES------117.50-COALITION
CH-2299-DUKE ENERGY----------171.95--AID
Ch-2300- D.A.V. RENT ANNUAL----------400.00 --COALITION
CH-2301-DUKE ENERGY BIRSTLER-----277.89 AID
CH-2302-FL.STATE ANNUAL REPORT---61.25--OP FD
CH-2303-IRS-99N REP0RT---------- 39.95--OP FD
CH 2304-OFFICE MAXII(LEDGER)---------27.76--OP FD
CH-2305-S.E.C.O. DEPOSIT NEW BDLG. 480.00-PANTRY
ACH-SECO 2 SHEDS----------110.39-pantry
ACH-VERIZON- PHONE----------119.54-coalition
BANK AUDIT-FEE----------10.20-coalition
al----------2639.85

DEPOSITS NOT RECORDED
0
CHECKS OUTSTANDING
CHECK#--2304--27.76

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT FEBRUARY 2020

CREDITS:

FLEA MARKET----------1472.00
TOTAL----------1472.00

DEBITS:

2306---VET.S AID--R.MANN--RENT-(T. hENDRY)------300.00
2307---LOWES MONEY CARD FOR NEW BDLG.-----500.00
2309 SIGNS FAST---CCVC SIGN----------50.00
2308---VOID----------
2310--VET. AID (J MCCANN) ½ DUKE----------135.00
2311--OLAF FENT----------100.00
2312-LORDCO --(CARDS)----------31.90
2313-office max(50-50 tickets----------13.99
2314-APEX--FOOD STORAGE BAGS----------60.74 *
2315-ANGELOTTI,S PIZZA(-WORKERS MOVE)--------88.00 *
2316-WALMART (CC BOB) BIKE TIRE AND TUBE-----33.81
ACH--S.E.C.O. SHEDS 67.49 &54.92----------122.41
ACH--VERIZON-2 PHONES----------119.54

OUTSTANDING CHECKS
2314---60.74
2315---88.00

TOTAL----------1555.39
(1406.65)

BEGINNING ---10604.00
CEDITS---------1472.00
DEBITS---------1555.39
ENDING--------10520.61

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT MARCH 2020

CREDITS

DONATION- J & G BUDD----------150.00
SECO REFUND CHECK----------15.97
KNIGHTS OF COLUMBUS ---------- 4185.00
SALE OF T SHIRT DECAL MACH. R. F.----------100.00
DEPOSIT(10 DUES,50 DONATION,100 DONATION-------160.00

TOTAL----------4610.97

DEBITS:

QUALITY INN---VET 1 NIGHT HOUSING---------- 87.50
OFFICE MAX (INK) D. HUNTINGTON NEWS LETTER-----27.23
APEX GLOVES & CUPS----------17.56
O.L.A.F. DONATION FOR GIVING US FOOD.----------100.00*
s.e.c.o.-(1081 n. Paul----------100.67
s.e.c.o. 1045 n.paul----------51.31
VERIZON----------119.54 OUT STANDING CHECK 2320*

TOTAL----------503.81

BEGINNING ----------10560.61
CREDITS----------4610.97
DEBITS----------503.81
FINAL----------14667.77

AID TO VETS-------4400.33
PANTRY----------5133.72
OP-FD----------2200.16
RE-ED----------2933.56

ED JONES-30,650.

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT APRIL 2020

CREDITS:

DONATION (ANONYMOUS)----------1200.00
DONATION (G&J BUDD----------200.00
DONATION (M. FORTSON)----------100.00
DONATION (DAN-SALE OF MOTOR MOUNT----------100.00

TOTAL----------1600.00

DEBITS:

S.E.C.O.----------(1043 SHED---------- 42.71
S.E.C.O.----------1081 BDLG----------114.37
VERIZON ---------- (PHONES)----------119.42
COMMUNITY FOOD BANK----------500.00 (DATED 4/28 - OUT

TOTAL----------776.50

BEGINNING BALANCE----------15667.77
CREDITS----------1600.00
DEBITS----------776.50
FINAL----------16491.27

AID TO VETS---------- -4947.40
PANTRY----------5771.94
OP-FD----------2473.69
RE-ED FUND----------3298.24

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT May 2020

CREDITS:

INV. SALE-----RICHARD----------125.00
BACKES, G----------DON.----------100.00
FLEET RES ASSOC----------300.00
(DON)--CZERWINSKI----------100.00
(DON) G&J BUDD----------100.00
(DON) CLELLAND)----------100.00
3 WHEEL BIKE SALE (DAN)----------350.00
CITRUS CO. HOSPITAL BOARD----------10.000.00

TOTAL-11175.00

DEBITS:

APEX (SUPPLIES)----------50.36
TAX COLL VEHICLE TAGS----------59.20
S.E.C.O. STOR. SHED----------50 79
S.E.C.O.1081----------189.14
DANIELS AC-------cUSIMANO,A., VET AID ----------340.00
GOLF CARTS UNL---CARBURATOR AND ADJ.---------70.00
W. TURNER-(CARBERATOR GOLF CART----------25.00
WALMART (MICROWAVE--VET AID-TARVER----------68.74
MINZER, RICKY (PARTIAL RENT,W/M.UNITED------ 203.00
R.BENDLE (ANNUAL REPORT S.OF CONTRI---------75.00
VERIZON (2) PHONES----------119.42

TOTAL---------1250.65

EGINNING BAL--16491.27

ENDING BAL-------26415.62----------

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Ccvc monthly report June 2020

Credits:

Kings Bay Rotary----------3000.00
B. Marshal Trust ----------500.00
G & J Budd----------100.00
Sale of pots----------30.00
Garage sale ----------504.00
Table and chairs (Tom)----------100.00
donation---(clelland)----------25.00
Garage sale----------433.00
Credit from last month---------- 4.00
total----------4696.00

Debits:

Community food----------2321----------500.00
Coffee pot (pantry)----------2332----------64.52
Truck tire (Amy)----------2331----------203.00
S.E.C.O.-elec bill (D Ross) aid to vet---2333-----123.25
Lowes (sacrete)Flag pole base------2334----------15.68
S.E.C.O.----------1081----------ach----------254.96
S.E.C.O.----------1045----------ach----------48.12
Verizon----------ach----------119.42
Total----------1328.95

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT JULY 2020

CREDITS :

SALE ITEMS----------167.00
iNVERNESS ELKS----------2500.00
SALE OF ITEMS----------628.00
DONATION-(CLELLAND)----------25.00
DONATION (g &J)----------100.00
FREEZER AND DESK SALE----------523.00
TOTAL----------3993.00

DEBITS:

CHECK #2336(BENDLE)--COST OF FRIDGE& FREEZER)------5537.00
WINDOW FLAG TREATMENT---------- 240.00
S.E.C.O.-(STORAGE SHED---------- 55.57
S.E.C.O. (1081)----------309.09
RYAN SIGNS(4X8 SIGN FOR BDLG.----------150.00
TIRE KINGDOM (VET'S AID)(SWEREDOWSKI) ½ W/ MISSION-- 560.01
RENT PAID- c rOBERTS (R. KEEGAN VET'S AID----------200.00
INS AUTO OWNERS ANNUAL RENEWAL----------451.00
VERIZON PHONES----------120.20

TOTAL----------7622.67

CHECKS OUT ----------2340---SAV A LOT----------208.96
2351---LOWES---------- 15.25
TOTAL 224.20

BEGINNING BALANCE----------29781.67
CREDITS---------- 3993.00
DEBITS----------7622.67
CHECKS OUT----------224.21

ENDING BALANCE ----------25927.79

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC Monthly Report August 2020

CREDITS:

GARAGE SALE----------1200.00
DONATION-(IESLIE C. FRAZE----------1000.00
DONTION (W. BAILEY)----------100.00
DONATION (G& J BUDD)----------100.00
GARAGE SALE----------176.00

TOTAL----------2576.00

DEBITS:

LOWES (PUSH BROOM)----------15.25
S.E.C.O.----(WAREHOUSE)----------65.71
S.E.C.O.---(PANTRY)----------361.17
SAV-A-LOT CANNED GOODS----------208.96
CCVF HOLE SPONSOR----------125.00
HOME DEPOT (PUSH CART)----------126.14
KNIGHTLY AUTO vET'S AID (MICHAEL LEA) ----------352.60
VERIZON (PHONES)----------120.60

TOTAL----------1375.43

BEGINNING BALANCE----------25798.04
CREDITS----------2576.00
DEBITS:----------1375.43
ENDING BALANCE----------26938.61

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT SEPTEMBER 2020

CREDITS:

DONATION (FLEET RESERVE)	500.00
GARAGE SALE*+POWERCHAIR	703.00
DONATION (FAMILY FOUNDATION)	488.00
DONATION (BILL MARYJANE CLELLAND)	50.00
SALE OF GOODS	110.00
SALE OF CHAIR LIFT	300.00
DONATION (J&G BUDD	100.00
TOTAL	2251.00

DEBITS:

COMMUNITY FOOD STORE	500.00
S.E.C.O. SHED	64.19
S.E.C.O. 1081	314.42
DUKE ENER--(MICHAEL PROVOST)	200.00
DUKE ENER (LEONARD BERGER	78.35
TIRE KINGDOM (T. HENDRY	468.57
VERIZON (PHONES)	114.83
TOTAL	1740.36

BEGINNING BALANCE	26938.61
CREDITS	2251.00
DEBITS	1740.36
ENDING BAL	27449.25

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT OCTOBER 2020

CREDITS:

SALE OF VAN ----------4000.00
SALE OF GOLF CART----------5000.00
GARAGE SALE----------670.00
DONATION J&G BUDD----------100.00

TOTAL----------9770.00

DEBITS:

APEX (GROCERY BAGS)----------16.99
ACE (LOCK AND KEYS)----------30.71
SAV A LOT----------75.76
APEX (GLOVES)----------14.50
S.E.C.O/ pANTRY----------327.32
S.E.C.O. STOREROOM---------- 79.11
VERIZON PHONES----------114.87

TOTAL---------- 659.26

BEGINNING BALANCE----------27449.25
CREDITS----------9770.00
DEBITS----------659.26
ENDING BALANCE----------36559.99

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT NOVEMBER 2020

CREDITS:

DONATION (CLELLAND)----------50.00
SALE OF ITEM----------25.00
DONATION (CAREER SOURCE)----------501.00
GARAGE SALE----------277.00
DONATION(MCCLELLAND)----------50.00

TOTAL----------903.00

DEBITS:

MALIK (⅓ OF RENT)----------300.00
D MC FARLAND (PARTIAL RENT FOR TRAVIS, M.----------104.00
S.E.C.O. WAREHOUSE----------58.87
S.E.C.O. PANTRY----------252.36
FEEDING ALLIANCE----------200.00
SAV A LOT----------63.67
WINN-DIXIE (CAKE AND CARD PAULA)----------15.22
OFFICE MAX (INFO SHEETS 2021)----------14.00
VERIZON (PHONES)----------114.88

TRANSFER TO ED JONES----------20,000.00

TOTAL---------- 21123.00

BEGINNING BALANCE----------36559.99
CREDITS----------903.00
DEBITS----------2123.00
ENDING BALANCE----------16,339.99

ED JONES 0N 12/2/2020----------56,267.60

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

CCVC MONTHLY REPORT DECEMBER 2020

CREDITS:

DONATION J&G BUDD----------250.00
DONATION--J&M FORTSON----------200.00
SALE (GOLF CART)---------- 500.00
DONATION (MEMORIAL FOR GEORGE)---------- 125.00
SALE (TRAILER)---------- 1200.00
DONATION M&B CLELLAND----------50.00
PROCEEDS GARAGE SALE----------344.00
DONATION (BOB cUSSON)----------200.00
DONATION (B MARSHALL TRUST FD.----------500.00
DONATION (V.F.W. BEV HILLS)----------200.00
DONATION (J& G BUDD)----------150.00
TOTAL----------3719.00

DEBITS:

Community food store----------500.00
Sav a lot----------92.76
Sav a lot----------46.44
S.e.c.o. 1081 bdlg.---------- 181.69
S.e.c.o. Storeroom----------48.15
Sav a lot----------66.72
Verizon phones----------114.88
Angelotti's (vol luncheon----------297.64
Total----------1348.28

Starting balance---------- 16,339.99
Credits----------3719.00
Debits----------1348.28
Ending balance----------18,710.71

A donation of $5000.00 was made by an anonymous donor, was placed in Ed Jones

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

OT FOR PROFIT CORPORATION ANNUAL REPORT

DOC . 4000002619

FILED
Jan 28, 2021
Secretary of State
5596389291CC

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/28/2021
Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT C. BENDLE TREASURER 01/28/2021
Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2020
Secretary of State
6620376980CC

DOCUMENT# N04000002619

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/18/2020
Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT BENDLE TREASURER 01/18/2020
Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002619

FILED
Jan 24, 2019
Secretary of State
6540964305CC

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/24/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT BENDLE TREASURER 01/24/2019

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002619

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

FILED
Jan 29, 2018
Secretary of State
CC1280184468

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 01/29/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	CHAIRMAN
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT BENDLE TREASURER 01/29/2018

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002619

Entity Name: CITRUS COUNTY VETERANS COALITION, INC.

FILED
Feb 09, 2017
Secretary of State
CC8317835212

Current Principal Place of Business:

6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 851
INVERNESS, FL 34451-0851

FEI Number: 06-1720733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDLE, ROBERT C.
6230 E. PLUM ST.
ATTN: ROBERT BENDLE
INVERNESS, FL 34452 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: ROBERT C BENDLE 02/09/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	BENDLE, ROBERT C
Address	6230 E. PLUM ST. ATTN: ROBERT BENDLE
City-State-Zip:	INVERNESS FL 34452

Title	T
Name	FLOYD, RICHARD E.
Address	1003 TULANE TERR
City-State-Zip:	INVERNESS FL 34450

Title	VC
Name	O'BRIEN, MICHEAL
Address	P.O. BOX 851
City-State-Zip:	INVERNESS FL 34451-0851

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: ROBERT C. BENDLE TREASURER 02/09/2017

Electronic Signature of Signing Officer/Director Detail — Date

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

IRS

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** CITRUS COUNTY VETERANS COALITION INC
- **EIN:** 061720733
- **Tax Year:** 2020
- **Tax Year Start Date:** 01-01-2020
- **Tax Year End Date:** 12-31-2020
- **Submission ID:** 10065520210204251455
- **Filing Status Date:** 01-20-2021
- **Filing Status:** Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

FORM 990-N

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2019

Open To Public Inspection

A For the 2019 calendar year, or tax year beginning 01/01/2019 , and ending 12/31/2019

B Check if applicable
- ☐ Termination
- ☑ Gross Receipts are $50,000 or less

E Website Address

C Name of Organization
CITRUS COUNTY VETERANS COALITION INC

Number and Street (or P.O. box, if mail is not delivered to street address)
BBOX 851

City or town, state or country, and Zip + 4
INVERNESS, FL 34450-0000

F Name of Principal Officer
ROBERT C. BENDLE

Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer
PO BOX 851

City or town, state or country, and ZIP + 4
INVERNESS, FL 34451

D Employer ID number
06-1720733

Form 990-N

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

FORM 990-N

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2018

Open To Public Inspection

A For the 2018 calendar year, or tax year beginning 01/01/2018 , and ending 12/31/2018

B Check if applicable
☐ Termination
☑ Gross Receipts are $50,000 or less

E Website Address

C Name of Organization
CITRUS COUNTY VETERANS COALITION INC

Number and Street (or P.O. box, if mail is not delivered to street address)
BBOX 851

City or town, state or country, and Zip + 4
INVERNESS, FL 34450-0000

F Name of Principal Officer
ROBERT C. BENDLE

Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer
PO BOX 851

City or town, state or country, and ZIP + 4
INVERNESS, FL 34451

D Employer ID number
06-1720733

Form 990-N

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

FILED - 1/26/18

FORM 990-N

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

2017

Open To Public Inspection

A For the 2017 calendar year, or tax year beginning 01/01/2017 , and ending 12/31/2017

B Check if applicable
- ☐ Termination
- ☑ Gross Receipts are $50,000 or less

E Website Address

C Name of Organization
citrus county veterans coalition

Number and Street (or P.O. box, if mail is not delivered to street address)
bbox 851

City or town, state or country, and Zip + 4
Inverness, FL 34450

F Name of Principal Officer
robert bendle

Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer
6230 e. plum st.

City or town, state or country, and ZIP + 4
inverness, FL 34452

D Employer ID number
61720733

Form 990-N

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

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.
Citrus County Veterans Coalition

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) 501 C(3)

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.
box 851

Requester's name and address (optional)

6 City, state, and ZIP code
Inverness, fl, 34451

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.

Social security number
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer identification number
[0][6] – [1][7][2][0][7][3][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.

Sign Here Signature of U.S. person ▶ Robert C Bendle Date ▶ 2/26/2021

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*.

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.*

Attachment: 29 NPG1 Non-Profit Grant Packet- Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

The Salvation Army Citrus County Corps

Application

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000030

Angelique Howland - angie.howland@uss.salvationarmy.org
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 25 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

The Salvation Army, Citrus County Corps

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

712 S. School Avenue, Lecanto, FL 34461

Mailing Address for Grant Check

Name

Annine Ogden, Accountant

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Company

The Salvation Army, Citrus County Corps

Address

P.O. Box 1630

Address 2

(No response)

City

Lecanto

State

Florida

ZIP

34460

Country

USA

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

angie.howland@uss.salvationarmy.org

Phone Number

352-513-4960

Business Website Address

http://www.salvationarmyflorida.org/citrus/

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

58-0660607

Application Information

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

The Salvation Army, an international movement, is an evangelical part of the Universal Christian Church. Its message is based on the Bible. Its ministry is motivated by love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.
The Citrus County's Mobile Canteen Feeding Program has been a volunteer run operation since April 2012, providing a hot meal to Citrus County residents. The program started out with a serving hot meal once a week at the Homosassa Lion 's Den on Homosassa Trail, and expanded in July 2016 to include a second feeding location at DayStar Life Center in Crystal River. In the 2020 calendar year the program provided 74,544 pounds of food to provide 15,006 meals to 4,614 Citrus County families.

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 20,000.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 665,720

Has this program previously received County grant funding?

No

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

NA

How many years has your organization served Citrus County?

The Salvation Army has been ministering for scores of years but only from the Citrus County Corps since 1993.

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 25 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: The Salvation Army
Country: United States
Ein: 580660607
State: GA

Upload a completed and signed IRS W-9 Form

Completed - Feb 25 2021

W-9 2021

Filename: W-9_2021_hlh6MH7.pdf **Size:** 883.1 kB

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Upload a State of Florida charitable organization registration

Completed - Feb 25 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

501(c)3 letter

Filename: 501c3_letter.pdf **Size:** 215.8 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 25 2021

IRS 990 Position

Filename: IRS_990_Position.pdf **Size:** 8.4 kB

Upload Evaluation Criteria

Completed - Feb 25 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

CARES Grant Eval Criteria

Filename: CARES_Grant_Eval_Criteria.pdf **Size:** 111.7 kB

Upload optional presentation

Completed - Feb 25 2021

In addition to your supporting documentation, you may wish to upload a presentation to help make your

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

case for the grant. Examples of this are PowerPoints or a PDF presentation.

Signature Page CARES Grant

Filename: Signature_Page_CARES_Grant.pdf **Size:** 306.2 kB

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Dennis Strissel

Applicant Title

Colonel - Commanding Officer

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Date

Feb 25 2021

Signature



Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant & Application Guidelines	FY 2020-2021

Colonel Dennis Strissel
of
I, The Salvation Army, Citrus Co., the Applicant, have reviewed this Application for the Non-Profit Grant and concur with the information submitted herein. To the best of my knowledge and belief, the information contained in this Application and its attachments is accurate and complete. If funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, the Applicant, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds be via an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

Authorized Agent Signature

2.25.21
Date

Dennis Strissel
Print Name

Colonel - Commanding Officer
Title

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Evaluation Criteria

1 - The intended use of the grant funds.

If awarded, the funding provided would help to offset the cost of operating the program with such expenses as the purchase of food from the Community Food Bank, the purchase of the clam shell containers and plastic utensil packets used to serve the food, the cost of gasoline used in the Mobile Canteen's travel to and from The Salvation Army's kitchen/preparation site to the feeding sites, the cost of the upkeep and maintenance of the mobile canteen unit, etc. Additionally, the funding would help expand the program to a 3rd feeding site in the county.

2 Detailed information on the program plan.

The Citrus County's Mobile Canteen Feeding Program has been a volunteer run operation since April 2012, providing a hot meal to Citrus County residents. The program started out with a serving hot meal once a week at the Homosassa Lion 's Den on Homosassa Trail, and expanded in July 2016 to include a second feeding site at DayStar Life Center in Crystal River. In the 2020 calendar year the program provided 74,544 pounds of food to provide 15,006 meals to 4,614 Citrus County families.

Currently, on Tuesdays The Salvation Army Canteen provides hot meals at the Daystar parking lot in Crystal River (6751 W Gulf to Lake Hwy) between 4-5pm and on Wednesdays at the parking lot across the Lions Club in Homosassa (3705 South Indian Terrace) between 4-5pm. We are currently considering adding a third feeding site to the program.

3 - How Citrus County will benefit from this program.

Citrus County would benefit from the Mobile Canteen Program's continued service of providing hot meals to Citrus County residents in need and allow for expansion of the program to include a 3rd feeding site.

4 - The projected number of Citrus County citizens that will benefit from this program if awarded.

In the 2020 calendar year, the Mobile Canteen Program provided 74,544 pounds of food to 4,614 Citrus County families consisting of 15,006 people/meals. It is projected to feed an equal to or greater than amount of Citrus County citizens during the 2021 calendar year.

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 6, 2002

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
58-0660607

Salvation Army
1424 Northeast Expressway NE
Atlanta, GA 30329-2018

Dear Sir or Madam:

This is in response to your telephone call requesting a copy of your organization's determination letter. This will take the place of the copy you requested.

In October 1955 we issued a determination letter that recognized your organization as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

We classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(i). This classification was based on the assumption that your organization's operations would continue as stated in your application. If your sources of support, character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on your organization's exempt and foundation status.

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 each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

If your organization is a church or a qualified church-controlled organization as defined in section 3121(w)(3) of the Code, it may elect to exclude wages paid to its employees (other than for services performed in an unrelated trade or business) for social security taxes. This election must be made by filing Form 8274 by the day before the date the organization's first quarterly employment tax return would be due under the revised law. If your organization makes this election, its employees who earn $100 or more during a calendar year become liable for the payment of the self-employment tax on the wages the organization pays them.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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.

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Salvation Army
58-0660607

The law requires you to make available for public inspection a copy of your organization's 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.

Because this letter could help resolve 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

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

IRS 990

The IRS 990 is a filing for non-religious, private non-profit organizations with the IRS. Since The Salvation Army ("TSA") is a religious organization, it is exempt from filing an IRS 990 because of its 501(c)3 status. If a funding agency requires the submission of an IRS 990 report, TSA provides a standard statement of exemption listed below:

"The Salvation Army, A Georgia Corporation is not required to file or submit an IRS 990 under existing regulations, due to the status of The Salvation Army as an organization established for religious purposes."

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

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.

The Salvation Army

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.

1424 Northeast Expressway

Requester's name and address (optional)

6 City, state, and ZIP code

Atlanta, GA 30329

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.

Social security number

			–			–				

or

Employer identification number

5	8	–	0	6	6	0	6	0	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 for Part II, later.

Sign Here Signature of U.S. person ▶ _____ Date ▶ 1/07/2021

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.*

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.*

Attachment: 30 NPG1 Non-Profit Grant Packet- The Salvation Army, Citrus County Corps (12603 : The Citrus County Nonprofit Grant Program)



Non-Profit Grant

Beverly Hills Lions Club

Application

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000031

thomas mize - tmize@tampabay.rr.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 25 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Beverly Hills Lions Club Foundation

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

72 Civic Circle

Beverly Hills fl 34465

Mailing Address for Grant Check

Name

Beverly Hills L:ions Club

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Company

Same

Address

PO Box 640122

Address 2

(No response)

City

Beverly Hills

State

Fl

ZIP

34465

Country

US

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

tmize@tampabay.rr.com

Phone Number

352-527-1556

Business Website Address

N/A

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59 3513615

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

Provide health care services that include but are not limited to, eye exams and glasses, diabetes awareness and screening, training and placement of Southeastern guide dogs, hearing exams and assistance with hearing aids participation in Disaster relief efforts locally..

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 28,500.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 57,000.00

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

na

How many years has your organization served Citrus County?

60

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 25 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Beverly Hills Lions Foundation Inc.
Country: United States
Ein: 593513615
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 25 2021

Beverly Hills Lions W-9

Filename: Beverly_Hills_Lions_W-9.pdf **Size:** 141.2 kB

Upload a State of Florida charitable organization registration

Completed - Feb 25 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

Certification of Exemption

Filename: Certification_of_Exemption.pdf **Size:** 88.9 kB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 25 2021

990 2017

Filename: 990_2017.pdf **Size:** 539.7 kB

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

990 2018

Filename: 990_2018.pdf **Size:** 536.3 kB

990 2019

Filename: 990_2019.pdf **Size:** 542.0 kB

Upload Evaluation Criteria

Incomplete

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 25 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that,

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Thomas Mize

Applicant Title

President, Beverly Hills Lions Foundation

Date

Feb 25 2021

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

FLORIDA Department of Revenue

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012660968C-7	10/31/2018	10/31/2023	501(C)(3) ORGANIZATION

This certifies that

THE BEVERLY HILLS LIONS FOUNDATION INC
72 CIVIC CIR
BEVERLY HILLS FL 34465-8809

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA Department of Revenue

Important Information for Exempt Organizations

DR-14
R. 01/18

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 about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning Jul 01, 2017 , and ending Jun 30, 2018

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Beverly Hills Lions Foundation Inc

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
P O BOX 640122

City or town | State | ZIP code
BEVERLY HILLS | FL | 34464-0122

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number
59-3513615

E Telephone number
352-897-4899

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ►

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► $ 27,755.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	26,817.
	2	Program service revenue including government fees and contracts	2	910.
	3	Membership dues and assessments	3	
	4	Investment income	4	28.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	27,755.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	13,280.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	300.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	371.
	17	**Total expenses.** Add lines 10 through 16 ►	17	13,951.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,804.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,509.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	36,313.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2017)

BCA

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

B.1.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
22	Cash, savings, and investments	22,509.	22	36,313.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	22,509.	25	36,313.
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	22,509.	27	36,313.

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? COMMUNITY CHARITY

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 SCHOLARSHIPS / BENEFIT NEEDY LOCAL HIGH SCHOOL GRADS WITH COLLEGE EXPENSES

(Grants $ 6,000.) If this amount includes foreign grants, check here . . . ▶ ☐ 28a

29 BOYS & GIRLS CLUB HELPING CHILDREN WITH POSITIVE ACTIVITIES

(Grants $ 600.) If this amount includes foreign grants, check here . . . ▶ ☐ 29a

30 CHILDRENS HOLIDAY ACTIVITIES FOR LOCAL NEEDY CHILDREN

(Grants $ 3,500.) If this amount includes foreign grants, check here . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ 3,180.) If this amount includes foreign grants, check here . . . ▶ ☐ 31a

32 **Total program service expenses.** (add lines 28a through 31a) . . . ▶ 32

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 o other compensation
TOM MIZE President	Hr/WK 10		0	
SHIRLEY BELLIVEAU Vice President	Hr/WK 9		0	
JANET MIZE TREASURER	Hr/WK 10		0	
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Form 990-EZ (2017) Beverly Hills Lions Foundation Inc 59-3513615 Page

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
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	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 ▶		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X

41 List the states with which a copy of this return is filed. ▶

42a The organization's books are in care of ▶ JANET MIZE Telephone no. ▶ 352-897-4899

Located at ▶ 1527 W Elder City BEVERLY HILL ST FL ZIP + 4 ▶ 34465

		Yes	No
42b	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).		X
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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	45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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)		X

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Form 990-EZ (2017) Beverly Hills Lions Foundation Inc 59-3513615

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name NONE Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			

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 Str 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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date

Tom Mize President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
J Calabro		10/20/2018		

Firm's name ▶ Calabro Financial Management Inc Firm's EIN ▶ 59-3517788

Firm's address ▶ 35 S Melbourne St BEVERLY HILLS FL 34465- Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-1

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning Jul 01, 2018 , and ending Jun 30, 2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Beverly Hills Lions Foundation Inc

Number and street (or P.O. box, if mail is not delivered to street address): P O BOX 640122 — Room/suite:

City or town: BEVERLY HILLS — State: FL — ZIP code: 34464-0122

Foreign country name — Foreign province/state/county — Foreign postal code

D Employer identification number: 59-3513615

E Telephone number: 352-897-4899

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ►

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 3,387.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,351.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	36.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	3,387.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	9,525.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	300.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	263.
	17	**Total expenses.** Add lines 10 through 16 ►	17	10,088.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,701.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,313.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	29,612.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2018)

BCA

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Form 990-EZ (2018) Beverly Hills Lions Foundation Inc 59-3513615 Page 2

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	36,313.	22	29,612.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	36,313.	25	29,612.
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	36,313.	27	29,612.

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? COMMUNITY CHARITY
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 SCHOLARSHIPS / BENEFIT NEEDY LOCAL HIGH SCHOOL GRADS WITH COLLEGE EXPENSES
(Grants $ 2,000.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a

29 BOYS & GIRLS CLUB HELPING CHILDREN WITH POSITIVE ACTIVITIES
(Grants $ 600.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a

30 CHILDRENS HOLIDAY ACTIVITIES FOR LOCAL NEEDY CHILDREN
(Grants $ 3,000.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .
(Grants $ 3,925.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a

32 **Total program service expenses.** (add lines 28a through 31a) . . . . . ▶ 32

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
TOM MIZE President	Hr/WK 4		0	
SHIRLEY BELLIVEAU Vice President	Hr/WK 5		0	
JANET MIZE TREASURER	Hr/WK 6		0	
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

B.1.u

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ►			
42 a	The organization's books are in care of ► JANET MIZE Telephone no. ► 352-897-4899 Located at ► 1527 W Elder City BEVERLY HILL ST FL ZIP + 4 ► 34465			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b		X

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

B.1.u

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name NONE Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			

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 Str 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

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

▶ Tom Mize
Type or print name and title

Date
President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOE CALABRO		10/17/2019		P00349163

Firm's name ▶ CALABRO FINANCIAL MANAGEMENT INC — Firm's EIN ▶ 59-3517788

Firm's address ▶ 35 S MELBOURNE ST BEVERLY HILLS FL 34465 — Phone no. 352-527-2866

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form, as it may be made public.

► Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning Jul 01, 2019 , and ending Jun 30, 2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Beverly Hills Lions Foundation Inc

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P O BOX 640122

City or town | State | ZIP code
BEVERLY HILLS | FL | 34464-0122

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number
59-3513615

E Telephone number
352-897-4899

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ► $ 535.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	500.
	2	Program service revenue including government fees and contracts	2	12.
	3	Membership dues and assessments	3	
	4	Investment income	4	23.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	535.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	9,846.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	300.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	60.
	16	Other expenses (describe in Schedule O)	16	171.
	17	**Total expenses.** Add lines 10 through 16 ►	17	10,377.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(9,842.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	29,612.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	19,770.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2019)

BCA

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

B.1.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
22	Cash, savings, and investments	29,612.	22	19,770.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	29,612.	25	19,770.
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,612.	27	19,770.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? COMMUNITY CHARITY

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 SCHOLARSHIPS / BENEFIT NEEDY LOCAL HIGH SCHOOL GRADS WITH COLLEGE EXPENSES

(Grants $ 2,000.) If this amount includes foreign grants, check here . . . ▶ ☐ 28a

29 Florida Lions Club & LCIF

(Grants $ 2,000.) If this amount includes foreign grants, check here . . . ▶ ☐ 29a

30 CHILDRENS HOLIDAY ACTIVITIES FOR LOCAL NEEDY CHILDREN

(Grants $ 3,000.) If this amount includes foreign grants, check here . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ 2,846.) If this amount includes foreign grants, check here . . . ▶ ☐ 31a

32 Total program service expenses. (add lines 28a through 31a) . . . ▶ 32

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
Thomas Mize President	Hr/WK 4		0	
Robert Bernard Vice President	Hr/WK 4		0	
Janey Mize TREASURER	Hr/WK 4		0	
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

B.1.u

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ►			
42 a	The organization's books are in care of ► JANET MIZE Telephone no. ► 352-897-4899 Located at ► 1527 W Elder City BEVERLY HILL ST FL ZIP + 4 ► 34465			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b		X

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

B.1.u

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name NONE Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			

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 Str 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 ▶ [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

Tom Mize
Type or print name and title

Date: President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JOSEPH CALABRO		10/02/2020		P00349163

Firm's name ▶ CALABRO FINANCIAL MANAGEMENT INC — Firm's EIN ▶ 59-3517788

Firm's address ▶ 35 s MELBOURNE ST BEVERLY HILLS FL 34465 — Phone no. 352-527-2866

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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.

2 Business name/disregarded entity name, if different from above
Beverly Hills Lions Foundation Inc.

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.
72 Civic Circle Dr

Requester's name and address (optional)

6 City, state, and ZIP code
Beverly Hills, FL 34465

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.

Social security number
___ - ___ - ____

or

Employer identification number
59-3513615

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 ▶ Janet Mezic Date ▶ 7/1/2020

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*.

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.*

Attachment: 31 NPG1 Non-Profit Grant Packet- Beverly Hills Lions Club (12603 : The Citrus County Nonprofit Grant Program)

Non-Profit Grant

Citrus United Basket, Inc.

Application

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Application: NPG1-0000000032

Kelly Selph - cub1@tampabay.rr.com
Citrus County Nonprofit Grant Program

Non-Profit Grant

Completed - Feb 26 2021

"Fill out the Non-Profit Grant Application Form

General Information

Legal Name of Organization (as shown in Line 1 of W-9)

Citrus United Basket, Inc.

DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

(No response)

Organization Business Address

Where do you conduct your business?

1201 Parkside Ave.

Inverness, Fl. 34450

Mailing Address for Grant Check

Name

Kelly Selph, Executive Director

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Company

Citrus United Basket, Inc.

Address

P.O. Box 2094

Address 2

(No response)

City

Inverness

State

Fl.

ZIP

34451

Country

Citrus

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Email Address

Optional but recommended for ease of followup.

cub1@tampabay.rr.com

Phone Number

352-344-2242

Business Website Address

(No response)

Taxpayer ID (TIN) (as shown in Part 1 of W-9)

59-2553570

Application Information

Briefly describe the mission of your non-profit organization and the food distribution and/or health care services provided in Citrus County.

Provide food, financial, and material assistance to help the diverse citizens of Citrus County in their time of need.

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Amount of Grant Request

Please enter the amount of the grant request. The final grant awarded may be less than the requested amount.

$ 5,700.00

Total Program Budget

Please enter the total program budget including the amount of the grant request and any additional funds provided by the applicant.

$ 14,044.58

Has this program previously received County grant funding?

No

If the previous answer was yes, please give a short description of the project and the date fund was awarded. If the answer was no, please enter NA.

NA

How many years has your organization served Citrus County?

42 years

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Next steps:

You will need to provide the the following information in the following tasks:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Please use "Upload Evaluation Criteria" section to attach documentation.

Verify charity status

Completed - Feb 26 2021

This is a required step. If your organization does not pass this step as verified, you will not be able to submit your application even if you have completed all the other steps.

Company: Citrus United Basket Inc.
Country: United States
Ein: 592553570
State: FL

Upload a completed and signed IRS W-9 Form

Completed - Feb 26 2021

BOCC Grant W-9_000052

Filename: BOCC_Grant_W-9_000052.pdf **Size:** 727.4 kB

Upload a State of Florida charitable organization registration

Completed - Feb 26 2021

Active State of Florida charitable organization registration by the Florida Department of Agriculture Division of Consumer Services and be physically located within and with operations in Citrus County.

BOCC Grant 501C_000053

Filename: BOCC_Grant_501C_000053.pdf **Size:** 1.4 MB

Upload IRS 990 filings for the past three (3) Years

Completed - Feb 26 2021

BOCC Grant 990_000054

Filename: BOCC_Grant_990_000054.pdf **Size:** 2.3 MB

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Upload Evaluation Criteria

Completed - Feb 26 2021

Requests for funding will be evaluated on criteria to deploy food distribution and/or healthcare services to Citrus County citizens. Please use this section to upload the following criteria you would like be evaluated on:

You will need to provide the the following information:

1. The intended use of the grant funds.
2. Detailed information on the food distribution and/or health care service deployment plan.
3. How Citrus County will benefit from this program.
4. The projected number of Citrus County citizens that will benefit from this program if awarded.

Be sure that the following points are covered:

- Citrus County service location sites
- Service delivery options
- Detailed food and health care delivery plans
- Past Performance
- Potential impact covering all local Citrus County communities
- Deployment of services times and duration

BOCC Grant

Filename: BOCC_Grant.docx **Size:** 11.2 kB

BOCC Grant

Filename: BOCC_Grant_VbhLqxZ.docx **Size:** 11.2 kB

Upload optional presentation

Incomplete

In addition to your supporting documentation, you may wish to upload a presentation to help make your case for the grant. Examples of this are PowerPoints or a PDF presentation.

Fill out a form

Completed - Feb 26 2021

"Fill out Applicant Certification Form"

Applicant Certification Form

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that,

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the non-profit, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

I certify that, if funds are awarded, I agree to follow all guidelines as provided in the grant guidelines. I, acknowledge that I have reviewed and understand the requirements for the Non-Profit Grant.

I also understand that the grant funds will be an advanced payment and receipts will be required of eligible expenses and any unspent or any deemed ineligible grant receipts shall be reimbursed to Citrus County.

By adding your name, title and date you are signing this document.

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Declarations:

Please place a checkmark in each of the statements that are true in the choices below.

Responses Selected:

Applicant attests that the organization was not otherwise granted program's expenses through some other city, county, state, or federal program.
Organization is a 501(C)(3) with a principal address in Citrus County and operates from an address in Citrus County, with operations anticipated to continue in the future.
Organization is not a membership group entity.
Personnel costs or administrative expenses will not be paid, only actual eligible expenses.
Can demonstrate the organization can service the distribution of food and/or provide health care services within Citrus County.
Organization does not have unpaid code enforcement liens or fees due a City and or the County.
Organization does not have a board member or director who has a felony or financial mismanagement conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).

Applicant Name

Kelly J. Selph

Applicant Title

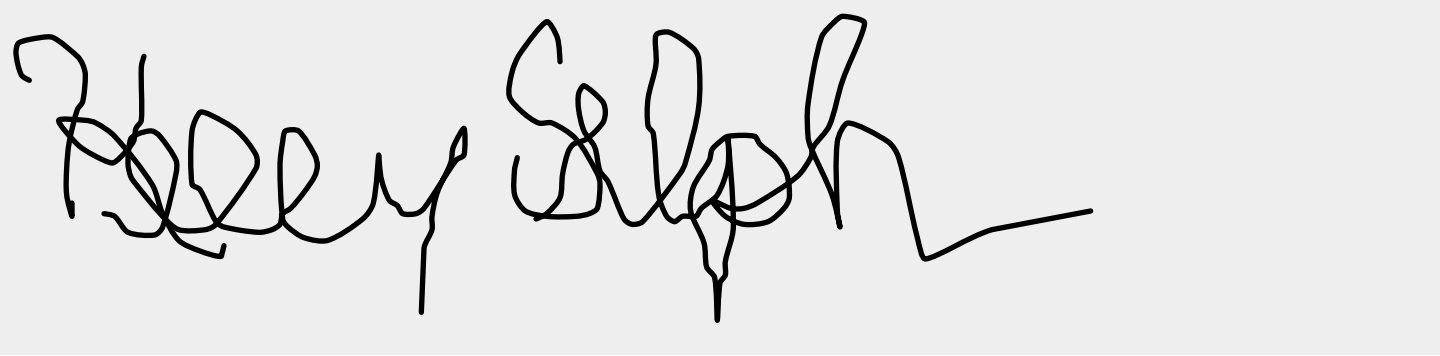
Executive Director

Date

Feb 26 2021

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Signature



Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

1. $ 2,100 will go toward the purchase of meat and dairy items for our food pantry.

   $ 3,600.00 will go toward the purchase of 2 single door, stand up, commercial freezers to replace the 2 fifteen plus year old residential stand up freezers currently being used. Any funds remaining after purchase would be added to the $ 2,100.00.

2. The pantry is open to all citizens of Citrus County who qualify. The hours are 9:00 AM to 2:30 PM Monday through Friday. Clients may come in every 30 days, and must recertify once a year.

3. Our clients benefit by being able to bring home food to their table. Many of our clientele, especially the elderly, would have to skip meals, or go without entirely, if not for our help. Adding meat and dairy gives additional supplemental value, and allows them to stretch the non-perishables and make more meals out of what is provided.

4. CUB's food pantry helps approximately 300 households per month.

   CUB's food pantry is located at 1201 Parkside Ave., Inverness, Fl.

   The food pantry also provides clients with the following on request when available: hygiene products such as deodorant, body soap, shampoo, toothbrush, toothpaste, feminine hygiene, adult diapers, and etcetera.

DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

June 4, 2020 **Refer To: CH1126**

CITRUS UNITED BASKET, INC.
PO BOX 2094
INVERNESS, FL 34451-2094

RE: CITRUS UNITED BASKET, INC.
REGISTRATION#: CH1126
EXPIRATION DATE: June 14, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Kayla Creech
Regulatory Consultant
850-410-3769
Fax: 850-410-3804
E-mail: kayla.creech@fdacs.gov

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

B.1.v

Transaction Report

Send
Transaction(s) completed

No.	TX Date/Time	Destination	Duration	P.#	Result	Mode
020	MAY-27 13:48	3527950754	0"00'26"	001	OK	N ECM

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 9 1987

CITRUS UNITED BASKET INC
PO BOX 2094
INVERNESS, FL 34451-2094

Employer Identification Number:
59-2553570
DLN:
17053292735007
Contact Person:
D. A. DOWNING
Contact Telephone Number:
(513) 241-5199
Our Letter Dated:
April 1990
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

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.

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,

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 12/15

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012665823C-8	11/30/2017	11/30/2022	501(C)(3) ORGANIZATIO

This certifies that

CITRUS UNITED BASKET INC
103 N MILL AVE
INVERNESS FL 34450-4331

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tan personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

D
R. 1

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchas 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 regist 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 payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degre 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.

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 154

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CITRUS UNITED BASKET INC

CLIENT'S COPY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

PO BOX 2094

City or town, state or province, country, and ZIP or foreign postal code

INVERNESS, FL 34451-2094

D Employer identification number 59-2553570

E Telephone number (352)344-2242

G Gross receipts $ 479,673.

F Name and address of principal officer:
ROBERT IVERSON, 1201 PARKSIDE AVE, INVERNESS, FL 34450

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: 1978

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY ASSISTANCE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	431,527.	479,433.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118.	240.
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)	431,645.	479,673.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	334,658.	374,404.
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)	85,625.	87,971.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,069.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,921.	40,397.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	457,204.	502,772.
19	Revenue less expenses. Subtract line 18 from line 12	-25,559.	-23,099.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	471,196.	447,948.
21	Total liabilities (Part X, line 26)	1,332.	1,183.
22	Net assets or fund balances. Subtract line 21 from line 20	469,864.	446,765.

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 05/08/2019 Date

ROBERT IVERSON, PRESIDENT

COPY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Vickie Humphrey	Preparer's signature	Date	Check ☐ if self-employed; PTIN P00438960
Firm's name ▶ Humphrey & Saltmarsh PL			Firm's EIN ▶ 27-3264875
Firm's address ▶ 3600 E Gulf to Lake Hwy, Inverness, FL 34453			Phone no. (352)341-3449

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990** (Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *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 , 2019, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: CITRUS UNITED BASKET INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 2094

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: INVERNESS, FL 34451-2094

D Employer identification number: 59-2553570

E Telephone number: (352)344-2242

G Gross receipts $ 385,525.

F Name and address of principal officer: ROBERT IVERSON, 1201 PARKSIDE AVE, INVERNESS, FL 34450

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: 1978

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY ASSISTANCE

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	479,433.	385,334.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240.	191.
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)	479,673.	385,525.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	374,404.	245,416.
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)	87,971.	89,965.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,808.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40,397.	37,715.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	502,772.	373,096.
19	Revenue less expenses. Subtract line 18 from line 12	-23,099.	12,429.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	447,948.	460,730.
21	Total liabilities (Part X, line 26)	1,183.	1,536.
22	Net assets or fund balances. Subtract line 21 from line 20	446,765.	459,194.

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

COPY

Signature of officer — Date: 05/07/2020

ROBERT IVERSON, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Vickie Humphrey	Preparer's signature	Date: 5/6/2020	Check ☐ if self-employed — PTIN: P00438960
Firm's name ▶ Humphrey & Saltmarsh PL			Firm's EIN ▶ 27-3264875
Firm's address ▶ 3600 E Gulf to Lake Hwy, Inverness, FL 34453			Phone no. (352)341-3449

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CITRUS UNITED BASKET INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2094

City or town, state or province, country, and ZIP or foreign postal code
INVERNESS, FL 34451-2094

CLIENT'S COPY

D Employer identification number
59-2553570

E Telephone number
(352) 344-2242

G Gross receipts $ 385,541.

F Name and address of principal officer:
ROBERT IVERSON, 1201 PARKSIDE AVE, INVERNESS, FL 34450

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: 1978

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY ASSISTANCE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	10
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
8	Contributions and grants (Part VIII, line 1h)	385,334.	385,444.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	191.	97.
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)	385,525.	385,541.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	245,416.	255,451.
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)	89,965.	95,564.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,715.	39,331.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	373,096.	390,346.
19	Revenue less expenses. Subtract line 18 from line 12	12,429.	-4,805.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	460,730.	455,942.
21	Total liabilities (Part X, line 26)	1,536.	1,553.
22	Net assets or fund balances. Subtract line 21 from line 20	459,194.	454,389.

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

COPY

Signature of officer — Date: 02/14/2021

ROBERT IVERSON, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Vickie Humphrey	Vickie Humphrey	2/14/2021		P00438960

Firm's name ▶ Humphrey & Saltmarsh PL — Firm's EIN ▶ 27-3264875

Firm's address ▶ 3600 E Gulf to Lake Hwy, Inverness, FL 34453 — Phone no. (352) 341-3449

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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.
Citrus United Basket, 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
not for profit organization

☐ 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 2094

Requester's name and address (optional)

6 City, state, and ZIP code
Inverness, Fl. 34451-2094

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.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
59 - 2553570

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** ▶ Robert Dawson, Treasurer **Date** ▶ 2/25/21

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*.

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.*

Attachment: 32 NPG1 Non-Profit Grant Packet- Citrus United Basket, Inc (12603 : The Citrus County Nonprofit Grant Program)

Citrus County Non-Profit Grant
Applicant Summary

Organization	Amount Requested	Carnanhan	Kitchen	Schlabach	Davis	Kinnard	BOCC
		300,000.00	300,000.00	300,000.00	300,000.00	300,000.00	300,000.00
Living Water Ministries of Citrus County	44,500.00	5,000.00	5,000.00	8,435.00	10,000.00	1,600.00	6,007.00
Mid Florida Homeless Coalition, Inc.	25,000.00	10,000.00	5,000.00	8,435.00	25,000.00	6,250.00	10,937.00
SOS, Inc.	60,000.00	25,000.00	60,000.00	50,000.00	20,000.00	54,545.00	41,909.00
Citrus Hearing Impaired Program Services, Inc.	5,000.00	5,000.00	5,000.00	5,000.00	2,000.00	5,000.00	4,400.00
The Path of Citrus County	30,000.00	10,000.00	5,000.00	8,435.00	10,000.00	10,200.00	8,727.00
The Pregnancy and Family Life Center, Inc.	51,500.00	25,000.00	5,000.00	50,000.00	30,000.00	17,510.00	25,502.00
YMCA of Suncoast	30,000.00	10,000.00	5,000.00	8,435.00	10,000.00	10,200.00	8,727.00
Community Food Bank of Citrus County, Inc.	100,000.00	37,300.00	100,000.00	2,435.00	50,000.00	33,000.00	44,547.00
Homosassa Lions Foundation, Inc.	7,000.00	7,000.00	7,000.00	7,000.00	2,000.00	7,000.00	6,000.00
Doctor's Free Clinic of Citrus County	25,000.00	10,000.00	25,000.00	8,435.00	15,000.00	8,500.00	13,387.00
The Inverness Lions Foundation, Inc.	29,675.00	10,000.00	5,000.00	8,435.00	2,000.00	10,090.00	7,105.00
Friends of the Community Center, Inc.	5,000.00	5,000.00	5,000.00	5,000.00	2,000.00	5,000.00	4,400.00
Nature Coast Emergency Medical Foundation, Inc.	100,000.00	10,000.00	5,000.00	-	15,000.00	20,000.00	10,000.00
Key Training Center	75,600.00	25,000.00	5,000.00	24,950.00	25,000.00	25,500.00	21,090.00
Citrus County Education Foundation, Inc.	73,674.15	50,000.00	11,000.00	50,000.00	50,000.00	39,615.00	40,123.00
The First Presbyterian Church of Crystal River	25,000.00	10,000.00	5,000.00	10,000.00	10,000.00	8,500.00	8,700.00
Citrus County Family Resource Center, Inc.	20,000.00	10,000.00	5,000.00	20,000.00	2,000.00	6,800.00	8,760.00
Citrus County Veterans Coalition	25,000.00	10,000.00	25,000.00	2,435.00	5,000.00	8,500.00	10,187.00
The Salvation Army Citrus County Corps	20,000.00	10,000.00	5,000.00	8,435.00	10,000.00	6,800.00	8,047.00
Beverly Hills Lions Club Foundation	28,500.00	10,000.00	2,000.00	8,435.00	2,000.00	9,690.00	6,425.00
Citrus United Basket, Inc.	5,700.00	5,700.00	5,000.00	5,700.00	3,000.00	5,700.00	5,020.00
Grand Total	**786,149.15**	-	-	-	-	-	-

Attachment: Excel Spreadsheet of grant totals (12603 : The Citrus County Nonprofit Grant Program)

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/12

Name: Wayne Wilkinson

Address: Living Water Ministries

Telephone #:

Item to be Addressed: Grant

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/2021

Name: Barbara Wheeler

Address: 104 E Dampier St. Inverness

Telephone #: 3528602308

Item to be Addressed: Mid Florida Homeless Coalition Request

Attachment: Public Speaker Forms for Item E1 Updated

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/21

Name: Paula Holtsclaw

Address: @ 104 E Dampier St
Inverness FL 34450

Telephone #: 352-860-2308

Item to be Addressed: Application for grant funding

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/21

Name: Kathy Harrington

Address: 3921 N. Tamarisk Ave
Beverly Hills, Fl. 34465

Telephone #: (985) 259-1284

Item to be Addressed: SOS Food Pantry

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3-16-21

Name: Maureen Tambasco - Citrus Hearing Impaired Progra

Address: 109 NE Crystal St Ste B
Crystal River FL 34428

Telephone #: 352-795-5000

Item to be Addressed: Hear again Citrus - Citrus County Nonprofit Grant Application

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3-16-21

Name: D WAYNE SIPPER

Address: 2696 W EDISON PL
CITRUS SPRINGS, FL 34433

Telephone #: 352-527-6500

Item to be Addressed: CALES

Attachment: Public Speaker Forms for Item E1 Updated (12603

B1

Angella Briggs - licensed Mental Health therapist
Teresa Armato - Mental Health Counseling Intern
Erica Ramsey - Case Manager

Board of County Commissioners
Speakers Form

Stephanie Bell, RN
Executive Director

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Name: The Pregnancy & Family Life Center

Date: 3-16-2021

Address: 317 Tompkins St
Inverness, FL 34450

Telephone #: 352 586-344-3030

Item to be Addressed: Mental Health Program

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Johnny Casta

Date: 3/16/21

Name: Joanna Castle - YMCA

Address: 4127 W. Norvell Bryant Hwy
Lecanto, FL 34461

Telephone #: 352-500-9622

Item to be Addressed: Non Profit Grant Program Presentation

Attachment: Public Speaker Forms for Item E1 Updated (12603

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/21

Name: Barbara Sprague - Community Food Bank

Address: 5259 W Cardinal St
Homosassa FL 34446

Telephone #: 352-628-3663

Item to be Addressed: CARES Grant Request

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/21

Name: Paul Gadke

Address: 6695 W. Robin Ln
Homosassa, FL

Telephone #: 352-621-5041

Item to be Addressed: Homosassa Lions Foundation Grant

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: _____

Name: Dana Comeau

Address: 6 Woodfield Cir
Homosassa, FL

Telephone #: 352 382-0619

Item to be Addressed: _____

Attachment: Public Speaker Forms for Item E1 Updated (12603

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/2021

Name: Jeff Wallace

Address: 6752 W 97C #101
CR, FL 34429

Telephone #: 352-564-3900

Item to be Addressed: DFCCC

Attachment: Public Speaker Forms for Item E1 Updated (12603

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Name: Sondra Moylan

Date: 3/16/21

Address: ~~10 Knotwood Lane~~ Homosassa FL

Telephone #: 352-382-0623

Item to be Addressed: Doctor's Free Clinic C.C.

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/21

Name: Kim Rossmon

Address: 570 E DAKOTA CT. HERNANDO, FL

Telephone #: (248) 343-0025

Item to be Addressed: INVERNESS LIONS FOUNDATION GRANT REQUEST

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/21

Name: Mary Laughlin

Address: 2191 S Moonlit Pt
Homosassa fl 34448

Telephone #: 352.503-7318

Item to be Addressed: grant $ fo Circle of Friends Gift Sh
Friends of the Community Centers, Inc

Attachment: Public Speaker Forms for Item E1 Updated (12603

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3.16.21

Name: Scott C. Baxter

Address: 1261 W. Skyview Crossing Dr.
Hernando, FL. 34442

Telephone #: 352. 496. 0016

Item to be Addressed: Grant Funding

Attachment: Public Speaker Forms for Item E1 Updated (12603

B)

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3.16.21

Name: James Dinsch

Address: 114 W Hayward Pl
Beverly Hills FL 34465

Telephone #: 352-302-5960

Item to be Addressed: Grant Funding

Attachment: Public Speaker Forms for Item E1 Updated (12603

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/2021

Name: Melissa Walker - Key Training Center

Address: 5399 W. Gulf to Lake Hwy
Lecanto, FL 34461

Telephone #: 352-795-5541

Item to be Addressed: Non Profit Grant Application

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/2021

Name: Shaunda Burdette

Address: 1055 East Liberty Street
Hernando FL 34442

Telephone #: 352-812-0409

Item to be Addressed: Grant Request

Attachment: Public Speaker Forms for Item E1 Updated (12603

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/2021

Name: Lorraine E Adams

Address: 44 Beech St
Homosassa FL 34446

Telephone #: 352-250-1204

Item to be Addressed: Grant money for freezers and food

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3-16-21

Name: Ginger West

Address: 3595 E Dana
Inverness

Telephone #: 352 422 5811

Item to be Addressed: grant

Attachment: Public Speaker Forms for Item E1 Updated (12603

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3-16-21

Name: Michael OBrien

Address: 9865 S Evan pt
Inverness

Telephone #: 352-212-3846

Item to be Addressed: Veterans Help

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3.16.21

Name: Dennis Stinsel, Colonel

Address: 712 S. School

Telephone #: 352-397-6947

Item to be Addressed: Gate Grant

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 5.16.21

Name: Stephen Tedster

Address: 231 Poinsettia Ave

Inverness 34452

Telephone #: 904-309-1049

Item to be Addressed: Caves S.A. Grant

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3/16/2021

Name: Luis Marin

Address: 2986 N Stampede Dr
Beverly Hills, FL 34465

Telephone #: 786-717-8855

Item to be Addressed: Salvation Army of Citrus County

Attachment: Public Speaker Forms for Item E1 Updated

B1

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3-16-21

Name: THOMAS R. MIKE

Address: 9902 N. COURTLANDT DR.
CITRUS SPRINGS.

Telephone #: 352-897-4899

Item to be Addressed:

Attachment: Public Speaker Forms for Item E1 Updated

Board of County Commissioners
Speakers Form

When you approach the Board to address noted item, please give this form to the Clerk.

Please Print

Date: 3.16.21

Name: Kelly Selph - Citrus United Basket

Address: 1201 Parkside Ave. Inverness

Telephone #: 352-344-2242

Item to be Addressed: Grant request

Attachment: Public Speaker Forms for Item E1 Updated (12603

COMMUNITY FOOD BANK
Citrus County

Barbara [illegible]
Executive Director
Tel: (352) 628-3663
Fax: (352) 503-2003
Cell: (847)542-0626
Email: executivedirector@cfbocc.org

Att

5259 W. Cardinal Street, Bldg. B • Homosassa, FL 34446

B.1.y

Ending Hunger Nourishing Ho

Attach

Packet Pg. 1858

Ending Hunger – Nourishing Hope

- **Background**- In 2009 local food pantries, soup kitchens and shelters collectively decided there was a need to start a commercial level Food Bank in Citrus County to facilitate the bulk loads of food required to provide hunger relief. Since we opened in 2013, we have distributed over 21 million pounds of food to 49 pantries, soup kitchens, churches and shelters in Citrus County. These agencies then give the food directly to those struggling with hunger. Often, the agency's ability to supplement with food leads to other supportive measures that ensures a successful, self-sufficient client outcome. More than **60,000 residents in need received 4.1 million pounds of food relief in 2020**.

- **$1,000 = 10,000 meals**

- **The Facts-** Citrus ranks 34th in 66 counties as some of the highest poverty level areas in our state. 43% of residents chronically face food insecurity (ALICE Report 2018). COVID-19 has compounded the need for food relief with 1 in 3 adults and 1 in 2 children now facing food insecurity due to furloughs, closures and limited access to resources. 400% spikes in needy clients have mellowed to a consistent 200% increase in the need for food relief locally. When families need to make the choice between food and gas to go to work, medications or even a utility bill, a crisis like COVID-19 can break their fragile budget and cause more stress or hardship for the family.

- **Our Kids-** Grumbling bellies, low energy, clouded thinking and compromised health are easily avoided with nutritious food. Food insecurity in early childhood can limit a child's cognitive and socio-emotional development, ultimately impairing school achievement and thus long-term productivity and economic potential. Hungry children are also more likely than their non-hungry peers to suffer from hyperactivity, absenteeism, behavioral problems, and poor academic functioning. To elevate our community and keep our children on track we must feed them.

- As a Feeding America partner, we rescue donated foods from local supermarkets which are sorted to supplement the bulk purchases of shelf stable products which constitute a nutritious distribution of food items. Collaborations with mass distributions, FEMA, the EOC and Health Department allow for the full distribution coverage of hurricane supplies, COVID-19 information, masks and other relief.

- **2021-** CFBCC continues to meet the needs of residents with millions of pounds of nutritious foods safely and effectively. Our pantry partners remain open and ready to feed Citrus County!

No one goes hungry!

Attachment: Additional Information for item B1 - Submitted by Citrus County Community Food Bank (12603 : The Citrus County Nonprofit Grant

Citrus County - AGENCY MASTER LIST

AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	TELEPHONE AND FAX NUMBERS		AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	TELEPHONE AND FAX NUMBERS		AGENCY NAME & PHYSICAL ADDRESS OF PANTRY	TELEPHONE AND FAX NUMBERS
ANNIE W JOHNSON SR CTR 20625 W PENNSYLVANIA AVENUE DUNNELLON, FL 34431	352-489-8021 fx 352-489-6258		DAYSTAR LIFE CENTER 6751 W. GULF LAKE HWY CRYSTAL RIVER, FL 34429	352-795-8668 fx 352-795-8848		NEW CHURCH W/OUT WALLS MASS COLLAB DISTRO	352-344-2425
ANOTHER CHANCE DELIVERANCE MINISTRY 7394 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34431	352-795-4798		FIRST BAPTIST CHURCH - CRYSTAL RIVER 700 N. CITRUS AVENUE CRYSTAL RIVER, FL 34428	352-795-3367 fx 352-795-3714		NUEVO COMIENZO RESOURCE CENTER	863-808-8644
CALVARY CHAPEL CHURCH INVERNESS 960 S HWY 41 S. INVERNESS, FL 34450	352-726-1480 fx 352-726-5770		FIRST BAPTIST CHURCH OF FLORAL CITY 8545 E MAGNOLIA ST FLORAL CITY, FL 34436	352-726-4296 fx 352-726-0063		NORTH OAK BAPTIST CHURCH 9324 NORTH ELKCAM BLVD CITRUS SPRINGS, FL 34433	352-489-1688 fx 352-489-6281
CALVARY CHRISTIAN CENTER 2728 E. HARLEY ST INVERNESS, FL 34453	352-637-5100 fx 352-637-9290		FIRST BAPTIST CHURCH INVERNESS 550 Pleasant Grove Rd Inverness, FL 34453	352-726-1252		PATH OF CITRUS COUNTY INC. SHELTER 27 S MELBOURNE STREET BEVERLY HILLS, FL 34465	352-527-6500
CENTER FOR INDEPENDENT LIVING	352-368-3788		ISTACHATTA BAPTIST CHURCH 28075 MAGNUM DRIVE ISTACHATTA, FL 34636	352-667-6273 fx 352-xxx-xxxx		PREGNANCY & FAMILY LIFE CENTER 317 W TOMPKINS STREET INVERNESS, FL 34450	352-344-3030 fx 352-344-9101
CHRISTIAN CENTER CHURCH 7961 W Green Acres St Homosassa, FL 34446	352-628-5076		FIRST LUTHERAN CHURCH of INVERNESS 1900 W HIGHWAY 44 INVERNESS, FL 34453	352-726-1637 fx 352-344-0628		RIVER LIFE CHURCH 2872 WEST DUNNELLON ROAD, DUNNELLON, FL 34433	352-489-8455
CITRUS ABUSE SHELTER ASSOCIATION - CASA 1100 TURNER CAMP RD INVERNESS, FL 34453	352-344-8111 fx 352-344-0548		FIRST UNITED METHODIST CHURCH OF HOMOSASSA 8831 W BRADSHAW ST HOMOSASSA, FL 34448	352-628-4083 (o)		THE SALVATION ARMY CITRUS COUNTY 712 SCHOOL AVENUE LECANTO, FL 34461	352-513-4960 fx 352-513-4967
CITRUS COUNTY CHILDRENS ADVOCACY CENTER 1410 S LECANTO HWY LECANTO, FL 34461	Christine Welder 352-270-8814 fx 352-270-8816		HOMOSASSA CHURCH OF GOD 8323 W BRADSHAW ST HOMOSASSA, FL 34448	352-628-2672		SANCTUARY MISSION 7463 W. GROVER CLEVELAND BLVD HOMOSASSA, FL 34446	352-621-3277 fx 352-795-552 Store 352-533-7354
CITRUS COUNTY FAMILY RESOURCE CENTER 3660 N Carl G Rose Hwy HERNANDO, FL 34442	352-344-1001 fx 352-341-2006		INVERNESS CHURCH OF GOD 416 U.S. HWY 41 S INVERNESS,FL 34451	352-726-4524		SEVENTH DAY ADVENTIST CHURCH - HERNANDO 1880 N TRUCKS AVENUE HERNANDO, FL 34442	352-746-4570
CITRUS COUNTY HARVEST / BLESSINGS 2804 W MARC KNIGHTON CT LECANTO, FL 34460	352-341-7707		JOY & PRAISE FELLOWSHIP 4007 N LECANTO HWY BEVERLY HILLS, FL 34464	Rev Ed Padgett 352-270-2764 352-364-6397 352-527-8612		SEVENTH DAY ADVENTIST CHURCH - HOMOSASSA 5863 W CARDINAL STREET HOMOSASSA, FL 34446	352-628-7950
CITRUS COUNTY VETERANS COALITION 1039 N PAUL DRIVE INVERNESS, FL 34453	352-400-8952 Richard Floyd 352-726-5031		KEY TRAINING CENTER 5521 W BUSTER WHITTEN WAY LECANTO, FL 34461	352-795-5541 Ext 213		SOS 439 NORVELL BRYANT HWY, HERNANDO, FL 34442	352-422-2429 fx 352-746-5013
CITRUS UNITED BASKET CUB 1201 PARKSIDE AVENUE INVERNESS, FL 34450	352-344-2242 fx 352-344-2146		LIFE TREE PRESBYTERIAN CHURCH (FPCR) 1501 S.E. HIGHWAY 19 CRYSTAL RIVER, FL 34429	352-795-2259 fx 352-795-2243		SPOT FAMILY CENTER 405 SE 7th AVENUE CRYSTAL RIVER, FL 34429	352-794-3870 fx 352-794-3871
CHURCH OF THE NAZARENE 2101 NORTH FLORIDA AVENUE, HERNANDO, FL 34442	352-726-6144		LIVING WATERS MINISTRIES 4049 LECANTO HWY BEVERLY HILLS, FL 34465	352-270-8886		ST. ELIZABETH ANN SETON CATHOLIC CHURCH 1460 W ST ELIZABETH PL CITRUS SPRINGS, FL 34434	352-489-5334 fx 352-489-4770
COVENANT CHILDREN'S HOME 11350 N. COVENANT PATH DUNNELLON, FL 34434	352-489-2565 fx 352-489-2331		MID FLORIDA HOMELESS COALITION	352-860-2308		ST. MARGARET'S EPISCOPAL CHURCH 114 N. OSCEOLA AVE INVERNESS, FL 34450	352-726-3153 Nancy Purdy 352-650-2849
CRYSTAL RIVER CHURCH OF GOD 2180 N.W. 12TH AVENUE CRYSTAL RIVER, FL 34428	352-795-3079 fx 352-795-9696		MISSION IN CITRUS HOMELESS SHELTER 2472 N PENNSYLVANIA AVE CRYSTAL RIVER, FL 34428	352-794-3825 fx 352-794-3826		SUNCOAST BAPTIST CHURCH 5310 S SUNCOAST BLVD HOMOSASSA, FL 34447	Liz Winkelman 352-678-8620 352-621-3008 fx same above
CRYSTAL RIVER UNITED METHODIST CHURCH 4801 N. CITRUS AVENUE CRYSTAL RIVER, FL 34428	352-795-3148 fx 352-795-9611						

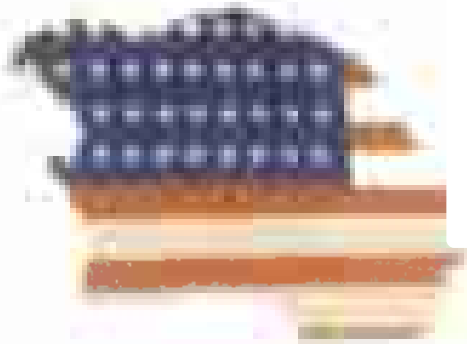
Attachment: Additional Information for item B1 - Submitted by Citrus County Community Food Bank (12603 : The Citrus County Nonprofit

Citrus County Veterans C

"Veterans Helping Veterans

Army Air Force Navy Marines Coast Guard Merchant Marines

Monthly mtgs.
Second Thurs. 10 a.m.
Sept.-June
1081 N Paul Drive
Inverness, Fl 34453



Attach

Veterans Food Pantry on pre
Open 9-12 every Tues. (excluding
1st & 3rd Thursday 9-12

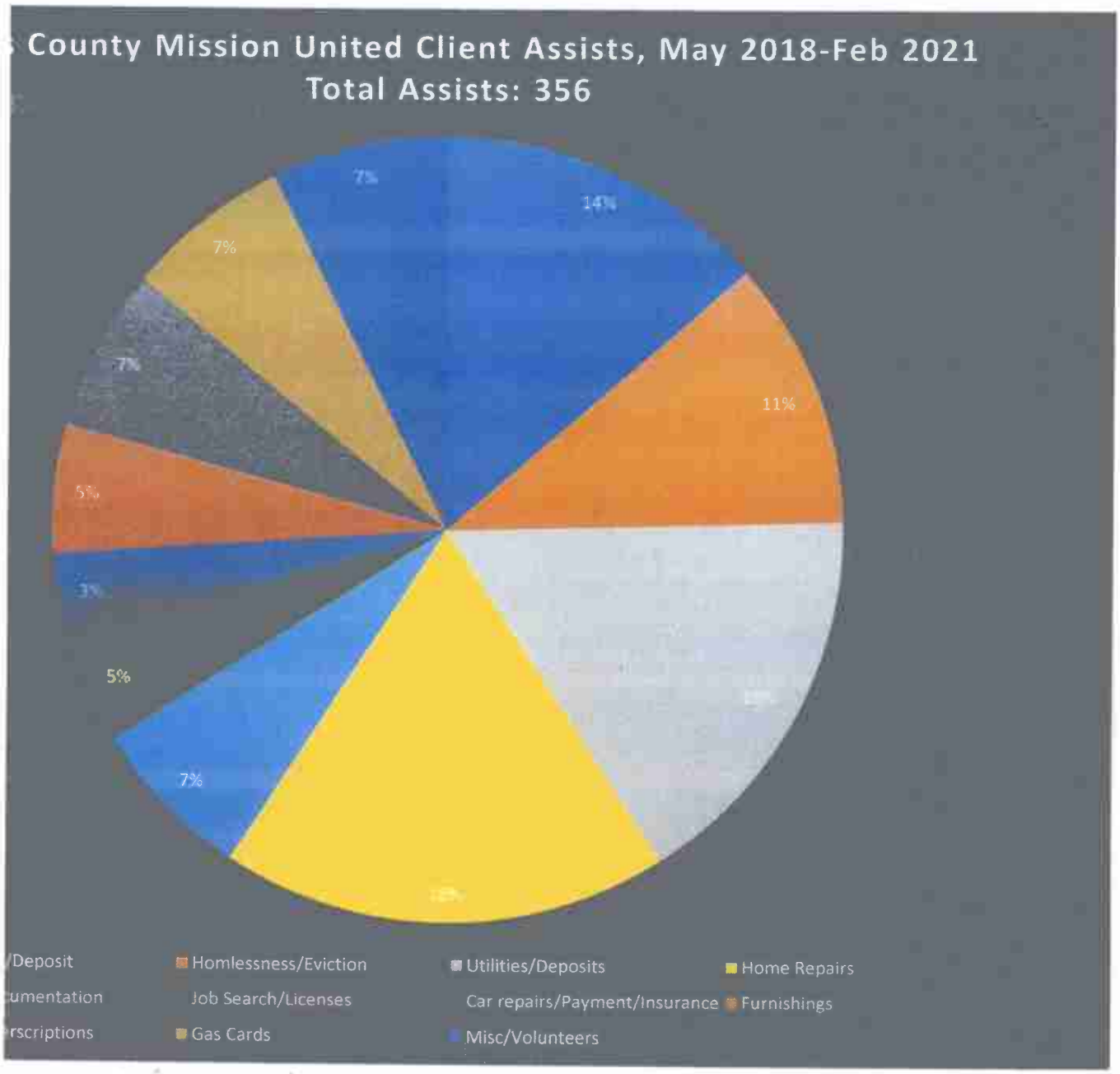
Veterans Aid & Food Pantry
352-400-8952

CCVC
P O BOX 8
Inverness, FL

Mission United Client Assists: 356

Rent/Mort/Deposit	54
Homlessness/Eviction	44
Utilities/Deposits	65
Home Repairs	73
Admin/Documentation	27
Job Search/Licenses	18
Car repairs/Payment/Insurance	14
Furnishings	21
Medical/Perscriptions	27
Gas Cards	27
Misc/Volunteers	29

Attachment: Additional Information for item B1 - Submitted by Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant



Attachment: Additional Information for item B1 - Submitted by Citrus County Veterans Coalition (12603 : The Citrus County Nonprofit Grant



Family Resource Center
Connections Clinic
Dr. James Lemire MD
3848 E Parsons Pt Road
Hernando, Florida 34442
(352) 344-1001
Fax (352) 341-2006

Monday, March 15, 2021

Dear Commissioners,

Connections clinic has been serving Citrus County residents for years without the benefit of any bloodwork or X-rays. We could be a much more effective clinic if I had the tools needed for diagnosis. Currently, we believe we take some of the load that would go directly to the ER; but we could do more to solve the health problems of our patients. For this reason, I asked the board to apply for grants that would enhance our work. I have also asked for funding to get emergency tooth extractions when the infection is likely to damage the patients overall health. It is not reasonable to continue to treat with antibiotics when the infection will surely return.

I ask your help in making our clinic better able to serve the patients who visit us.

Sincerely,

Dr James Lemire MD

Attachment: Additional Information for item B1 - Submitted by Family Resource Center (12603 : The Citrus County Nonprofit Grant Program)

The faces of hunger



Barbara Sprague
GUEST COLUMN

Food banks often only work behind the scenes to ensure those agencies who serve the public directly are well supplied with nutritious foods. Much like a distribution center for a supermarket, we deal with semi-truck loads of food by the pallet, but rarely do we have an opportunity to meet the thousands of neighbors in need that we ultimately serve.

Until Michael called. Living many states away and with a growing concern for his sister who lives locally, Michael phoned the area food bank for some guidance and happened to connect to me. As we spoke, I learned that his sister Ruth has suffered through a terrible marriage full of domestic violence. With a divorce, no financial support, a home to care for and a severe depression setting in, Ruth had become distant, withdrawn, unable to eat and on the verge of becoming homeless. Poor Michael was beside himself as the COVID-19 pandemic had closed him off from any opportunity to visit her and care for his stricken sister.

Although we deal with pallets and pounds, we are also here to provide to those in need and Ruth was certainly no exception. I explained to Michael how our network of pantries, soup kitchens and shelters function on the front line while we help to flow food in mass amounts through them. With the pandemic spiking needy clients by 300-400% and Ruth's fragile state, I knew an emergency intervention was needed. Armed with a box of assorted fruit, vegetables, prepared meals and a salvaged bouquet of flowers, I took down her address and headed to see Ruth.

Tucked away on a quiet street in a lovely subdivision was a forlorn house. Ruth took a few minutes to answer, but eventually opened the door and graciously accepted my box of food. As we chatted, I encouraged Ruth to partake of the list of our agencies who locally distribute food and other assistance. She explained that she had started to investigate some programs to help her get back on her feet, but the tags on her car had expired, she had run out of money, had no source of income and was pretty frankly embarrassed by the path life had taken her on. She felt so ashamed she couldn't face her family, friends or even neighbors.

It struck me hard that this lovely lady had weathered a storm, but was left so beaten down that her body had recovered, but her spirit just couldn't. I knew our agencies and believed wholeheartedly that one of them would embrace Ruth and be able to offer much more than a meal.

"Of course, I will! I'll go over and see her today." Ms. Lorraine Adams manages the food pantry and Celebrate Recovery meals for the Life Tree Presbyterian Church, but also has the compassion and strength to be a solid shoulder for those in need of emotional support. I had a feeling she was just the right person Ruth needed in her life.

Just an hour later Lorraine checked back in with me. "She was apprehensive, but we chatted and made a date to go to lunch." What? My heart sang. Lorraine made several more visits and quickly convinced Ruth to step back into the world with her right by her side. "I've got this," she told me. Ruth has been through an awful lot, but these are exactly the people we want to reach and help.

The good reports kept coming. With Lorraine's help Ruth has started taking care of herself, has gotten her car back on the road, has started applying for jobs and is planning her future with the possibility of roommates, "like the Golden Girls." This is what a community support system is all about. Organizations connecting each other to the people who truly need them so that our community prospers, person by person.

"We can't thank you enough for everything you have done to help our family," said Michael. I told him how much I appreciated his kind words, but that it was not only my pleasure to help make connections for Ruth, but the reason why we exist. We do not just feed to end hunger, but we nourish hope as well.

Barbara Sprague is the executive director of the Community Food Bank of Citrus County.

Attachment: Additional Information for item B1 - Submitted by First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit

LIFE TREE CHURCH FOOD PANTRY COMPARE 1ST 2 1/2 MONTHS 2020 VS 2021

		2020	vs.	2021	
		2 wks		4 wks	
Total households served for month	JANUARY	96	vs.	233	
	FEBRUARY	98	vs.	229	
	MARCH	112	vs.	*126*	*2 wks*
	TOTALS	306		588	
		2020	vs.	2021	
		2 wks		4 wks	
Total Individuals served for month **	JANUARY	212	vs.	653	
** *includes multiple visits for many clients*	FEBRUARY	220	vs.	629	
	MARCH	256	vs.	*345*	*2 wks*
	TOTALS	688		1627	
		2020	vs.	2021	
		2 wks		4 wks	
Total meals provided for month ***	JANUARY	*424*	vs.	1306	
*** *2 meals per person per visit*	FEBRUARY	440	vs.	1258	
	MARCH	512	vs.	*690*	*2 wks*
	TOTALS	1376		3254	
AGE BREAKDOWNS					
		2020	vs.	2021	
		2 wks		4 wks	
Adult 18-over	JANUARY	168	vs.	534	
	FEBRUARY	174	vs.	503	
	MARCH	192	vs.	*283*	*2 wks*
	TOTALS	534	vs.	1320	
		2020	vs.	2021	
		2 wks		4 wks	
Children 1-17	JANUARY	44	vs.	119	
	FEBRUARY	46	vs.	126	
	MARCH	54	vs.	*62*	*2 wks*
	TOTALS	144	vs.	307	
NEW PANTRY VISITORS					
New Families	JANUARY	11	vs.	12	
	FEBRUARY	10	vs.	16	
	MARCH	22	vs.	*12*	*2 wks*
	TOTALS	43	vs.	40	
New Individuals	JANUARY	29	vs.	34	
	FEBRUARY	25	vs.	38	
	MARCH	50	vs.	*31*	*2 wks*
	TOTALS	104	vs.	103	

HOUSEHOLD UNITS			
JANUARY			
	2020	vs.	2021
	2 wks		4 wks
1	38		54
2	33		77
3	13		40
4	3		19
5	3		28
6	1		6
7	2		2
8	3		6
9	0		0
10	0		1
TOT	96		233

HOUSEHOLD UNITS			
FEBRUARY			
	2020	vs.	2021
	2 wks		4 wks
1	41		65
2	27		69
3	18		36
4	3		18
5	3		22
6	1		7
7	2		4
8	3		7
9	0		0
10	0		1
TOT	98		229

HOUSEHOLD UNITS			
MARCH			
	2020	vs.	2021
	2 wks		*2 wks*
1	37		33
2	49		45
3	9		15
4	6		10
5	4		12
6	1		6
7	3		1
8	3		3
9	0		0
10	0		1
TOT	112		126

Attachment: Additional Information for item B1 - Submitted by First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit

B.1.ab

Attachment: Additional Information for item B1 - Submitted by First

Attachment: Additional Information for item B1 - Submitted by First

B.1.ab

Email Best Quote

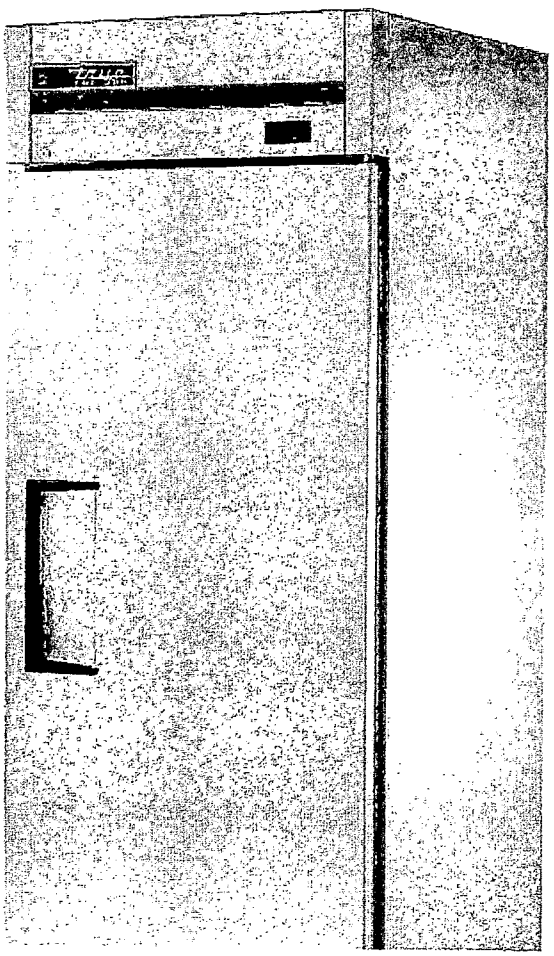
ADD TO WISH LIST ADD TO COMPARE

True T-23F-HC 27" Reach-In Freezer with One Section, One Solid Door

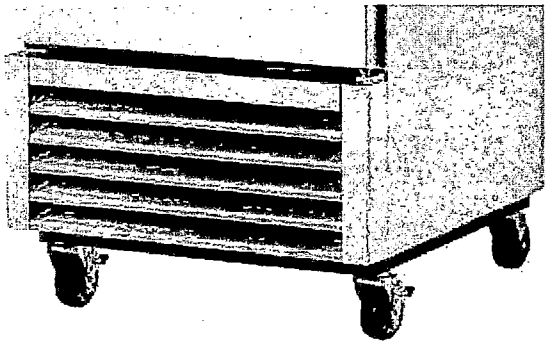
Like all True reach in freezers, the True T-23F-HC features an oversized and balanced refrigeration system that holds -10°F (-23.3°C) cabinet temperatures. The dimensions of the True T-23F-HC Freezer are 27" /w x 29-1/2" D x 83-3/8"H. This True one solid door freezer is a bottom-mounted unit, with a specially designed no-stoop lower shelf that allows for top storage. The True T-23F-HC also features a large evaporator and integrated coil heater that permits fast, time-initiated, and temperature-terminated defrost cycles. In addition, door locks and four swivel casters are standard with this True one door freezer. It also uses R290 Hydrocarbon refrigerant, which has a Global Warming Potential of only 3!

Chat with a foodservice expert?

Not the True Refrigeration Unit You were Looking For? View Rapids Full Selection of True Refrigerated Restaurant Equipment Here.



Attachment: Additional Information for item B1 - Submitted by First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit



RAPIDS

Details

Chat with a foodservice expert?

True T-23F-HC Single Solid Door Reach-In Freezer

The True T-23-HC has three adjustable heavy-duty PVC-coated wire shelves and four chrome-plated shelf clips ncluded per shelf. The shelf support pilasters of this True one door freezer are made of the same material as the :abinet exterior, and shelves are adjustable on 1/2-inch (13 mm) increments.

True T-23F-HC Overall Design, Lighting, and Other Features

True reach in freezers, the True T-23F-HC model included, use Eco-friendly R290 hydrocarbon refrigerant along vith the highest-quality materials and oversized refrigeration systems that provide any user or business owner vith colder product temperatures, lower utility costs, exceptional food safety, and the best value in today's food-ervice marketplace.

This True one door freezer also features incandescent interior lighting that is safety shielded. The interior lights of he True T-23F-HC are activated by rocker switch mounted below the door of this unit.

n addition, the evaporator of the True T-23F-HC is epoxy coated to eliminate the potential of corrosion. This True one door freezer is also NSF-7 compliant for open food product.

True T-23F-HC Reach In Freezer Details and Features

- This True one door freezer has a positive self-closing door made of solid stainless steel (the very finest stainless steel with higher tensile strength for fewer dents and scratches)
- Eco-friendly with R290 hydrocarbon refrigerant
- 1 swing door, 3 shelves
- True T-23F-HC cabinet dimensions: 27" long, 29-1/2" deep, 78-3/8" tall
- True T-23F-HC shelf dimensions: 22-7/8" long, 23-1/4" deep
- Voltage: 115/60/1

Attachment: Additional Information for item B1 - Submitted by First Presbyterian Church of Crystal River (12603 : The Citrus County Nonprofit

2011	$3,013.03
2012	$4,213.62
2013	$4,652.93
2014	$4,010.89
2015	$4,061.46
2016	$4,100.00
2017	$3,700.00
2018	$4,000.00
2019	$4,000.00
2020	$3,350.00
2021	$1,881.67
TOTAL	$40,983.60



Circle of Friends Gift Shop Funds

Attachment: Additional Information for item B1 - Submitted by Friends of the Community Center (12603 : The Citrus County Nonprofit Grant

LIVING WATER MINISTRIES

1. THE MISSION OF LIVING WATER MINISTRIES

LIVING WATER MINISTRIES IS A CHURCH-BASED ORGANIZATION WHICH HAS A 17,000 SQ FT PRESENCE IN BEVERLY PLAZA. IT WAS ESTABLISHED IN 2009 WITH A MISSION TO SERVE CITRUS COUNTY CITIZENS WHO ARE SUFFERING & STRUGGLING WITH PHYSICAL HEALTH, MENTAL HEALTH, ECONOMIC, SOCIAL & SPIRITUAL NEEDS & ISSUES.

THOUGH COVID HAS WREAKED HAVOC ON OUR ORGANIZATION (SIGNIFICANTLY AFFECTING CUSTOMER TRAFFIC & AN ALL VOLUNTEEER STAFF), WE CONTINUE TO FORGE . AHEAD TO FULFILL THIS MISSION.

2.. FUNDING REQUEST

LIVING WATER MINISTRIES IS REQUESTING GRANT FUNDS FOR ITS 2,700 SQ FT LIFE NECESSITIES COMPLEX WHICH CONSISTS OF:

*A 1,000 SQ FT FOOD PANTRY (WHICH HAS BEEN IN OPERATION FOR 4 YEARS) THAT:

* DISTRIBUTES NUTRITIONALLY - BALANCED FOOD TO CITIZENS FROM ACROSS THE COUNTY

* PROVIDES FOOD DELIVERY SERVICE FOR THE HOMEBOUND & HOMELESS, PRIMARILY IN BEVERLY HILLS & SURROUNDING AREAS

* PROVIDES OFF-HOURS HUNGER EMERGENCY FOOD. HOME DELIVERY IS AVAILABLE, IF SITUATION IS DIRE

*1,750 SQ FT RESOURCE CENTER THAT:
DISTRIBUTES HEALTH, WELLNESS & SHELTER RELATED LIFE NECESSITIES. HOME DELIVERY IS AVAILABLE, IF SITUATION IS DIRE

* DISTRIBUTES NON-PERISHABLE FOOD ITEMS

* PROVIDES HANDICAP-EQUIPPED TRANSPORT TO MEDICAL, MENTAL HEALTH, REHAB & HOMELESS FACILITIES, AS WELL AS TO CHARITABLE ORGANIZATIONS & COUNTY GOVERNMENT AGENCIES, ON A CASE -BY -CASE BASIS

* IN COOPERATION WITH UNITED WAY, PROVIDES DISABLED VETERANS WITH LIFE NECESSITIES AND BASIC HOME FURNISHINGS

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

3. REASONS FOR FORMING THE LIFE NECESSITIES COMPLEX IN 2020.

* CONSOLIDATES MANY OF LIVING WATER MINISTRIES CHARITABLE WORKS

* THE VENUE IS A VISIBLE, ACCESSIBLE, EFFICIENT, ON-THE SPOT MECHANISM FOR RAPIDLY DELIVERING SERVICES TO THOSE IN NEED OR COVID -IMPACTED

* ENABLES THE FOOD PANTRY & RESOURCE CENTER TO WORK CLOSELY TOGETHER AS ONE ENTITY, USING THE STRENGTHS, MODES OF OPERATION & CLIENTELE ROSTER OF EACH TO QUICKLY EXPAND THE NUMBER OF INDIVIDUALS SERVED

* COORDINATES & FOCUSES GRATIS CONTRIBUTIONS TO THE COMPLEX BY OTHER LIVING WATER MINISTRIES COMPONENTS:

* THE 10,000 SQ FT THRIFT STORE PROVIDES RETAIL MERCHANDISE TO CONTINUALLY REPLENISH RESOURCE CENTER INVENTORY, SPACE, VOLUNTEERS, AND GENERAL SERVICES.

* THE ART GALLERY PROVIDES WORKS OF ART TO LIFT SPIRITS

* THE CHURCH PROVIDES A PRIVATE AREA FOR CLIENTELE TO MEET WITH STAFF AND/OR SEEK SPIRITUAL SUPPORT

* THE CHURCH MINISTRY GOES OUT INTO LOCAL NEIGHBORHOODS TO IDENTIFY THOSE INDIVIDUALS & FAMILIES WHO NEED ASSISTANCE

* THE FELLOWSHIP HALL HOSTS SOCIAL EVENTS, WITH FOOD & GIVE-AWAYS, FOR COMPLEX CLIENTELE

5. IMPACT OF THE LIFE NECESSITIES COMPLEX ON CITRUS COUNTY CITIZENS (CURRENT/PROJECTED INDIVIDUALS SERVED)

*FOOD PANTRY 750/1,500

*FOOD DELIVERY 90/360

*EMERGENCY 100/200

*RESOURCE CENTER LIFE NECESSITIES 480/1,200

**CURRENT IMPACT OF THE LIFE NECESSITIES COMPLEX ON CITRUS COUNTY CITIZENS IN NEED

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

**1,420 INDIVIDUALS SERVED A MONTH (CURRENTLY)

** PROJECTED IMPACT OF THE LIFE NECESSITIES COMPLEX ON CITRUS COUNTY CITIZENS IN NEED

**3,260 INDIVIDUALS SERVED A MONTH (6-MONTH PROJECTION)

6. SUMMARY

OVER ITS MORE THAN 12 YEARS OF OPERATION, LIVING WATER MINISTRIES HAS SUCCESSFULLY HELPED THOUSANDS OF CITRUS COUNTY CITIZENS, RESULTING IN THEIR HAVING A BETTER QUALITY OF LIFE, HIGHER STANDARD OF LIVING & GREATER PEACE OF MIND.

WITH COUNTY GRANT FUNDS FOR THE LIFE NECESSITIES COMPLEX, IMPACT CAN BE ACCELERATED & EXPANDED, IN BREADTH & VOLUME, ACROSS THE COUNTY. THE LIFE NECESSITIES COMPLEX OF LIVING WATER MINISTRIES SERVES AS A POWERFUL TOOL & CATALYST FOR LIFTING UP, FROM THE DEPTHS OF DESPERATION & DESPAIR, SO MANY OF OUR CITIZENS IN NEED & SO MANY IN COVID -RELATED CIRCUMSTANCES.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

PROPOSED 6-MONTH BUDGET REQUEST FOR THE LIFE NECESSITIES COMPLEX OF LIVING WATER MINISTRIES---FOOD PANTRY AND RESOURCE CENTER

1. RENT + UTILITIES + LIABILITY INSURANCE FOR THE LIFE NECESSITIES COMPLEX

THE COMPLEX IS PART OF THE 17,000 SQ FT LIVING WATER MINISTRIES, LOCATED IN BEVERLY PLAZA. THE RENT FOR THE TOTAL ORGANIZATION IS HEFTY. SINCE THE LIFE NECESSITIES COMPLEX DOES NOT GENERATE ANY REVENUE FROM ITS ACTIVITIES, FULFILLING THE LEASE & OTHER OVERHEAD OBLIGATIONS IS A CHALLENGE.

$17,030 ($14,700 RENT), +
$1,850 (UTILITIES) + $480 (LIABILITY INSURANCE)

2. HIRING GIG WORKERS FOR DRIVING & LABOR- INTENSIVE TASKS FOR THE LIFE NECESSITIES COMPLEX

THE COVID-INDUCED DECLINE OF OUR ALL-VOLUNTEER STAFF HAS LED TO A TEAM OF SENIOR WORKERS THAT ARE NOT PHYSICALLY ABLE TO HANDLE THE HEAVY DUTY JOBS THAT GO ALONG WITH A FOOD PANTRY & RESOURCE CENTER.

$9,200

3. PURCHASING A GOOD CONDITION, RELIABLE USED BOX TRUCK THAT CAN BE DEDICATED TO THE SOLE USE OF THE LIFE NECESSITIES COMPLEX.

THE EXPANSION PLAN FOR THE FOOD PANTRY CALLS FOR A 100% ESCALATION OF THE VOLUME OF FOOD PICKED UP & A 200% INCREASE IN FOOD DELIVERIES TO THE HOMEBOUND & HOMELESS.
THE BOX TRUCK NEEDS TO REMAIN AVAILABLE FOR SCHEDULED / NON-SCHEDULED PICK-UPS AND DELIVERIES, AS WELL AS THE INNUMERABLE EMERGENCY RUNS WE MAKE TO BRING FOOD & LIFE NECESSITIES MERCHANDISE TO INDIVIDUALS IN DIRE CIRCUMSTANCES, INCLUDING COVID.

CURRENTLY, THE THRIFT STORE SHARES ITS BOX TRUCK WITH THE FOOD PANTRY. THIS HAS CREATED CONSIDERABLE DIFFICULTIES FOR BOTH, IN THAT 12/7 AVAILABILITY IS IMPORTANT. THE
THRIFT STORE BOX TRUCK CONSTANTLY NEEDS TO BE IN THE MODE OF LOADING & UNLOADING MERCHANDISE & CARRYING OUT SCHEDULED/ NON-SCHEDULED PICK-UPS & DELIVERIES. THE FOOD PANTRY & RESOURCE CENTER NEED A
RELATIVELY EMPTY TRUCK TO LOAD, AS NECESSARY.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

$12,000

4. MAINTENANCE, GAS & INSURANCE FOR THE BOX TRUCK.

$ 1,150

5. PURCHASING FOOD

THE EXPANSION PLAN CALLS FOR A 100% INCREASE IN FOOD[1] PURCHASES

$2,600

6. PURCHASING COMMERCIAL CHEST FREEZER

THIS FREEZER IS NECESSARY TO ACCOMMODATE THE 100% FOOD EXPANSION.

$900

7. FOOD PANTRY SUPPLIES

$620

8. MAINTENANCE AND REPAIR OF REFRIGERATORS, FREEZERS, AND AIR CONDITIONERS

$1,000

TOTAL

$ 44,500

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

CONTRIBUTIONS & SUPPORT FOR THE LIFE NECESSITIES COMPLEX PROVIDED BY ALL THE OTHER LIVING WATER MINISTRIES COMPONENTS ---GRATIS, OF NO COST TO THE BOCC GRANT

-

THE THRIFT STORE

▪ THE THRIFT STORE PROVIDES, & CONTINUALLY REPLENISHES, ALL THE LIFE NECESSITIES MERCHANDISE THAT BECOMES RESOURCE CENTER STOCK. THAT TASK ENTAILS SELECTING & PROCESSING, IN ITS OWN STORE LOCATION, DONATIONS THAT HAVE BEEN PICKED UP OR DROPPED OFF. AS NEEDED, THOSE ITEMS THEN ARE TRANSFERRED OVER TO THE RESOURCE CENTER.

▪ PROVIDES STORE VOUCHERS FOR COMPLEX CLIENTELE WHO DO NOT FIND WHAT THEY NEED IN THE RESOURCE CENTER.

▪ PROVIDES ADMINISTRATIVE SUPPORT AND MULTI-TASKING STAFF VOLUNTEERS FOR THE COMPLEX TO CARRY OUT THE FOOD & LIFE NECESSITIES DISTRIBUTION FUNCTIONS, OTHER THAN THOSE LABOR -INTENSIVE JOBS PERFORMED BY THE DRIVERS.

▪ PROVIDES A RANGE OF GENERAL SERVICES SUCH AS INTERNET, TELEPHONE, ADVERTISING, WASTE REMOVAL, CLEANING, SANITATION AND PEST CONTROL.

▪ PROVIDES COMPLEX WITH IDENTIFICATION OF UNSERVED/UNDERSERVED INDIVIDUALS WHO NEED ASSISTANCE (BOTH THOSE WHO COME INTO THE STORE WITH REQUESTS & THOSE WHO ARE SUGGESTED BY STORE CUSTOMERS).

THE ART GALLERY

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2. THE ART GALLERY, TO UPLIFT SPIRITS, PROVIDES WORKS OF ART TO COMPLEX CLIENTELE & OPPORTUNITIES TO DISPLAY THEIR OWN ARTWORK, IF ARTISTICALLY INCLINED.

THE CHURCH

THE CHURCH PROVIDES A PRIVATE AREA FOR COMPLEX CLIENTELE TO MEET WITH STAFF &/OR SEEK SPIRITUAL SUPPORT.

THE CHURCH MINISTRY

THE CHURCH OUTREACH MINISTRY GOES INTO LOCAL NEIGHBORHOODS TO IDENTIFY THOSE IN NEED THAT CAN BENEFIT FROM COMPLEX ASSISTANCE.

THE FELLOWSHIP HALL

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

THE CHURCH FELLOWSHIP HALL HOSTS SOCIAL EVENTS, WITH FOOD AND GIVE-AWAYS, FOR COMPLEX CLENTELE.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

https://www.chronicleonline.com/lifestyle/religion/come-as-you-are/article_d6aee926-77b0-11eb-9087-2b9f3f1d4c5e.html

'Come as you are'

Living Water ministers in multiple ways across Citrus

Margo Wilson/For the Chronicle
Feb 25, 2021



Donna Watson, who volunteers at the art gallery, with the Rev. Wayne Wilkinson
MARGO WILSON/For the Chronicle

Some churches have stained glass windows, padded pews and several paid ministers, as well as paid staff, running the operation.

And then there's Living Water Ministries of Citrus County, sprawling across eight spaces in the Beverly Plaza shopping center on North Lecanto Highway in Beverly Hills.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

While some churches talk a good game, Living Water puts "The Word" into practice by running a thrift shop, a food pantry and an art gallery, not to mention a church. One of its members runs a transitional shelter, or halfway house, offsite, which the church helps support.

The church also has some medical equipment and other resources for people needing a helping hand. And the church does what it can to help the homeless.



The Rev. Wayne Wilkinson at the pulpit in the church, which is also at the shopping center. They have a band that regularly performs at services.

MARGO WILSON/For the Chronicle

Founding pastor of Living Water Wayne Wilkinson said he doesn't think that people in Citrus County realize how few beds are available for homeless people. He said the Mission in Citrus Homeless Shelters, based in Crystal River, is about the only option. Other programs, like The Path of Citrus County, are more focused on rehabilitation, he said.

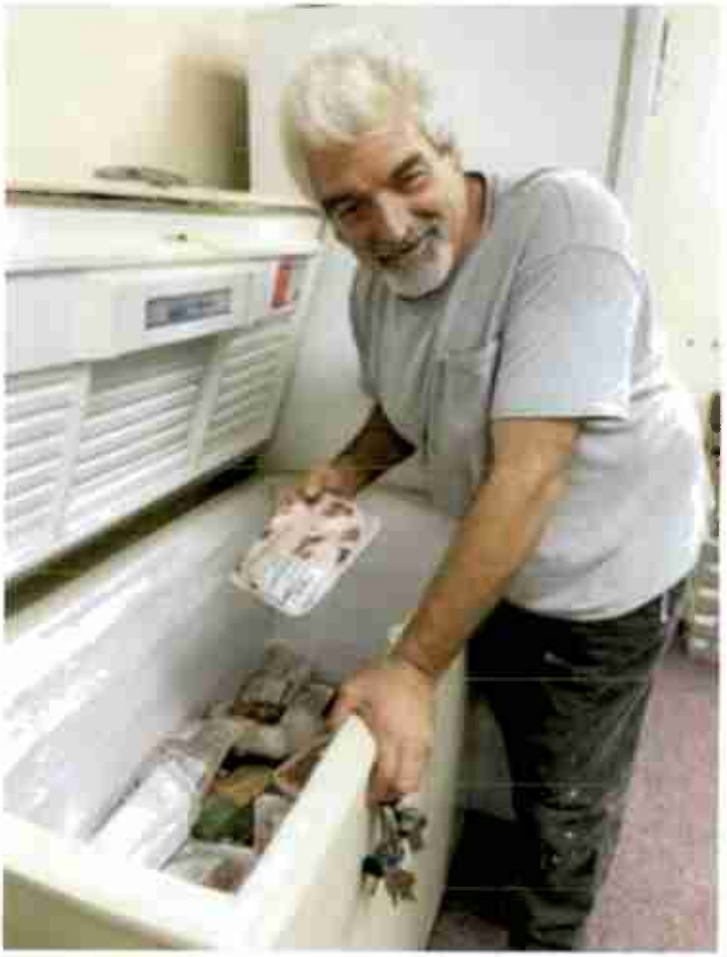
Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

Wilkinson has been overseeing Living Water for 12 years.

"We're for people who won't walk through the door of a church," Wilkinson said. "One of our favorite sayings is, 'We're a family. And we're a little dysfunctional, but we're a family, nonetheless."

Living Water functions well enough to feed about 200 families every other week, according to James Talbot, who supervises the transitional housing site. He then amended that statement to say the church feeds shut-ins every week. Then he updated his statement again.

"Well, we feed people almost every day. People come in to the store and say they're out of food," Talbot said. The church gets its food from the Community Food Bank of Citrus County and the New Church Without Walls.



James Talbot shows some of the donated meat that's in the freezer of their Food Pantry. Talbot supervises a transitional housing site that the church helps support.

MARGO WILSON/For the Chronicle

And for Pastor Wilkinson, this means, at least most days, that "Generally, I'm ecstatic about what God has given me to do. To think that he's chosen me to fill the needs of a good many of his children is a most wonderful thing," he said.

Wilkinson did not set out to be a man of the cloth — his preferred clothes are casual shirts and pants, not robes. He did not aim to be a preacher, even though his father was a Baptist minister and Wilkinson was raised in a Baptist parsonage.

His father was "a suit-and-tie guy, and I'm just not," he said.

"I've always been outside the box," he said, telling of how, when he was 16, he ran away from home, jumped a freight train, and spent three months in New York City.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

As an adult, Wilkinson worked as a house painter and a sewing machine repair person, but as he got older, he said he started volunteering more and more in programs to help youth and in other areas.

He said he became a Christian at 33 and attended Bible College about a year.

Before opening Living Water when he was 60, Wilkinson spent 25 years working at churches with youth, including at Beverly Hills Community Church and First Baptist Church of Beverly Hills.

Wilkinson was youth director at the Community Church when his father, William, was brought in as assistant pastor. His father had retired from the ministry with the American Baptist Church, but then was called to churches needing temporary pastors. Wilkinson said his father retired three times.

"He just couldn't quit," Wilkinson said.

In fact, at the Baptist church from which William retired the first time, he was delivering a sermon when he had a stroke. He kept preaching until he was finished, leaning against the pulpit to prop himself up.

When he was through, he asked the deacons to help, and they called an ambulance.

When William was asked why he didn't stop preaching when he started to feel bad, he said he needed to finish giving his message from the Lord, Wilkinson said.

That's the kind of stock Wilkinson comes from. His sister served as a missionary in Korea for 14 years. His son, Peter, is an ordained Baptist minister who lives in Palatka. His daughter, Aimee Stephenson, is a teacher in Gainesville.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)



Stacy Tonne, at the register, and Donny Marshall inside the Thrift Shop.

MARGO WILSON/For the Chronicle

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)



Outside the Thrift Shop in Beverly Plaza shopping center on North Lecanto Highway in Beverly Hills.
MARGO WILSON/For the Chronicle

Although his father didn't see his efforts at Living Water, Wilkinson's mother, Betty, encouraged him, saying, "You have a pastor's heart," Wilkinson said.

Running his ministry takes lots of work. One recent morning while Wilkinson answered questions about his church, he also postponed answering the frequent calls to his cell phone, while responding to his helpers, asking him whether the thrift shop should hold a lamp sale and how much to charge for an afghan with golf decorations.

Wilkinson said he gives different sermons at his 10 a.m. and 5 p.m. services on Sunday. Since mid-February, the congregation also has offered "Saturday Night Life," at 6 p.m. with food, music, and perhaps some words from Wilkinson — or perhaps not. It just depends.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

He said he often has plans for a Sunday sermon but when he reaches the pulpit, his topic may change.

"The Holy Spirit is awesome," he said. It's just up to Wilkinson to be open and listen, he explained.

Speaking inspirational words to others seems to come naturally for Wilkinson.

"I'm a storyteller," he said. "I have a lot of stories."

For instance, a woman came into the art gallery and asked him if he would pray for her.

She said she never had imagined she would ask someone to pray for her, much less walk into a store, seeking prayer.

"What do I have to do?" the woman asked.

Wilkinson told her she just needed to open her heart, and he would ask God to handle the rest. The woman was concerned because her sister was being tested for cancer. Wilkinson prayed for the woman and her sister.

A month later, the woman walked in and said her sister had received a clean bill of health.

"It happens," Wilkinson said. "Things just happen."

He refers to these serendipitous moments when it appears that God has listened as "God Winks."

There's a book, "When God Winks: How the Power of Coincidence Guides Your Life," by Squire D. Rushnell, that Wilkinson said he heard about on TV. Wilkinson said he believes there's more than coincidence at play during those magical moments when it seems like a higher power is affirming itself and us.

For example, he said his family was friends with a young woman, and at Christmas of the year when he had heard about the "God Winks" book, the young woman said she had found the perfect gift for him.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

When he unwrapped the present, what did he find? Yup, it was a copy of "God Winks." The young woman told him she had seen the same TV show that he had watched and knew it was the right gift for him.

Then there was the time when Wilkinson needed a clothes dryer and the electrical outlets in his store didn't accommodate 220 volts. He remembered that old dryers used 110 volts and wondered where he could find a vintage dryer. The next day, a 110-volt dryer showed up behind the thrift store.

"God supplies things to show he will take care of us," Wilkinson said. "It's a God wink."

Although the pandemic has taken its toll on the number of people showing up for in-house worship services, and the church has cut back on the number of Bible studies it holds and has stopped a Friday night dinner for now, Wilkinson said he is hopeful things will pick up soon. He also said food still is served at the 6 p.m. Wednesday Bible study, as well as at Saturday Night Life.

Living Water is always in need of volunteers and contributions, he said. It welcomes everyone to attend services or help out. Wilkinson said he particularly would like to welcome young people.

He said his message to everyone is: "We're here. We invite you to come in whatever capacity. You would be blessed beyond belief."

As he put it. "Come as you are, but expect to be changed."

SO YOU KNOW

- WHAT: Living Water Ministries of Citrus County
- WHERE: 4007-4049 N. Lecanto Highway, Beverly Hills, FL 34465
- CALL: 352-270-8886
- Thrift Store Hours: 9 a.m. to 5 p.m. Monday thru Saturday
- Food Pantry Hours: Every other Friday, 10 a.m. to 1 p.m.
- Services: Bible Study, 6 p.m. Wednesday; Saturday Night Life, 6 p.m. Saturday; Sunday services, 10 a.m. and 5 p.m.

Attachment: Additional Information for item B1 - Submitted by Living Water Ministries (12603 : The Citrus County Nonprofit Grant Program)

CARES Nonprofit Grant Application Presentation



Attachment: Additional Information for item B1 - Submitted by Salvation Army (12603 : The Citrus County Nonprofit Grant Program)

Citrus County Salvation Army's Mobile Canteen Feeding Program

The Citrus County Salvation Army's Mobile Canteen Feeding Program began in April 2012. Inspired by our local disaster response volunteer team leader after having volunteered for our Cold Weather Shelter on numerous occasions and learning of the number of homeless populations in Citrus County who truly appreciated the warm meal provided when attending the shelter. He set out to make use of the disaster response mobile canteen unit year-round instead of just when disasters hit. He spearheaded the program and coordinated the volunteer run program for the beginning years.

When the program first began, meals were provided once a week on Wednesday evenings at the parking lot of the Homosassa Lion's Den off Homosassa Trail to accommodate the homeless population that was staying in the nearby wooded areas.

The program provided an average of 35 meals a week in 2012. By the end of 2013 the average of meals provided per day were up to 50 and continued to grow increasingly each year. By the first quarter of 2016 the average daily meals served was up to 130 per day. It was decided by the team of volunteers running the program that they could accommodate a 2nd day of feeding per week and after collaboration with the community homeless coalition it was determined that a Crystal River site would be most needed. DayStar Life Center offered the use of it's parking lot on Tuesday evenings to serve this purpose and in July 2016 the program began feeding at the second site. By the end of 2016 meals provided at the Homosassa location were up to an average of 150 per feeding and 60 at the Crystal River location. The program has continued to grow in attendance numbers and by the end of 2019, we were serving an average of 130 meals at the Homosassa site and 100 at the Crystal River site.

When the COVID-19 pandemic began the program adapted and has continued to provide meals to those in need. In the 2020 calendar year, the Mobile Canteen Program provided and average of 150 per day at the Homosassa site and 130 at the Crystal River site. Already in 2021, the program is serving an average of 200 at the Homosassa site and 150 at the DayStar site.

We are currently considering expanding to a third feeding location.

Attachment: Additional Information for item B1 - Submitted by Salvation Army (12603 : The Citrus County Nonprofit Grant Program)

Mobile Canteen Feeding Program

2020 Calendar Year					
Month/Year	Days Served	# of Families Served	# of Meals Provided	# of Snacks Provided	Pounds of Food Provided
January-20	9	315	914	1,272	4,570
February-20	8	354	1,101	1,596	5,525
March-20	9	430	1,372	2,463	6,770
April-20	9	372	1,201	3,058	6,005
May-20	8	276	1,049	3,081	5,245
June-20	9	315	1,138	3,567	5,690
July-20	9	385	1,254	3,654	6,278
August-20	8	301	958	3,177	4,790
September-20	10	466	1,566	4,160	7,830
October-20	8	486	1,529	4,165	7,630
November-20	7	425	1,280	2,891	6,400
December-20	8	489	1,644	2,698	7,811

GRAND TOTAL FOR THE YEAR	Days Served	# of Families Served	# of Meals Provided	# of Snacks Provided	Pounds of Food Provided
	102	**4,614**	**15,006**	**35,782**	**74,544**

2021 Calendar Year (To Date)					
Month/Year	Days Served	# of Families Served	# of Meals Provided	# of Snacks Provided	Pounds of Food Provided
January-21	6	277	916	2,448	4,680
February-21	8	399	1,395	3,051	6,926

Attachment: Additional Information for item B1 - Submitted by Salvation Army (12603 : The Citrus County Nonprofit Grant Program)



A Salvation Army EDS Canteen will cost approximately $100,000.

Attachment: Additional Information for item B1 - Submitted by Salvation Army (12603 : The Citrus County Nonprofit Grant Program)







Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant


OUR LIVES ARE BETTER BECAUSE YOU CARE !






Chef BOYARDEE
Lasagna
SPAGHETTI
SPAGHETTI
SPAGHETTI
MEATBALLS
300
300

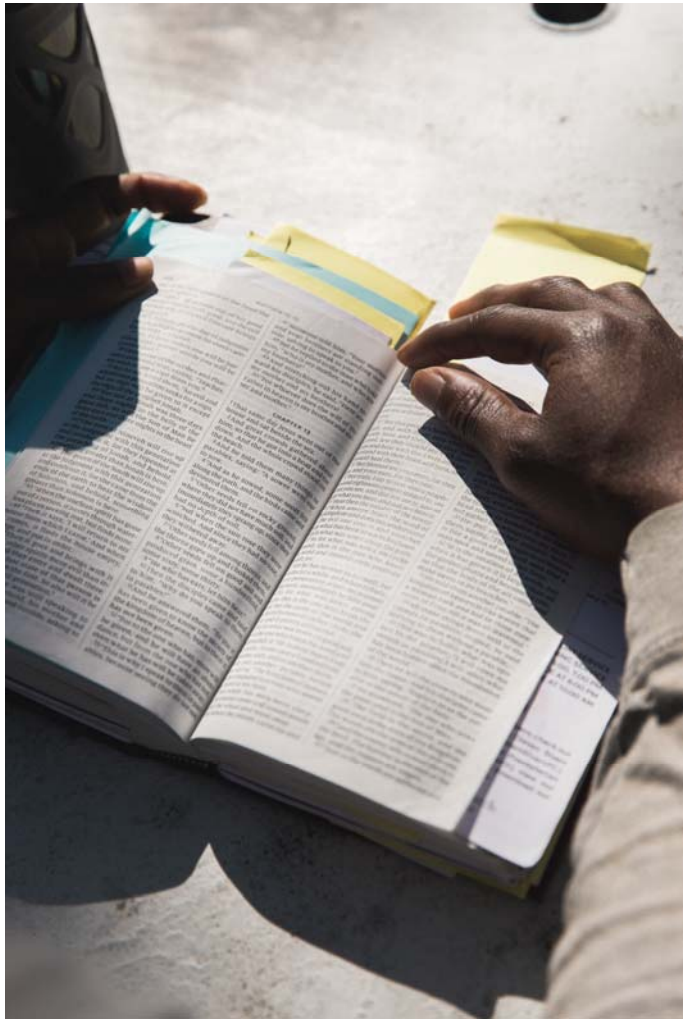


Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant





Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant







Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant


RED SOX




CERTIFICATE OF COMPLETION
Corey Collins
CERTIFICATE OF COMPLETION
Elijah Flores
NORTHWESTERN



Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant





Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant




CHEVROLET





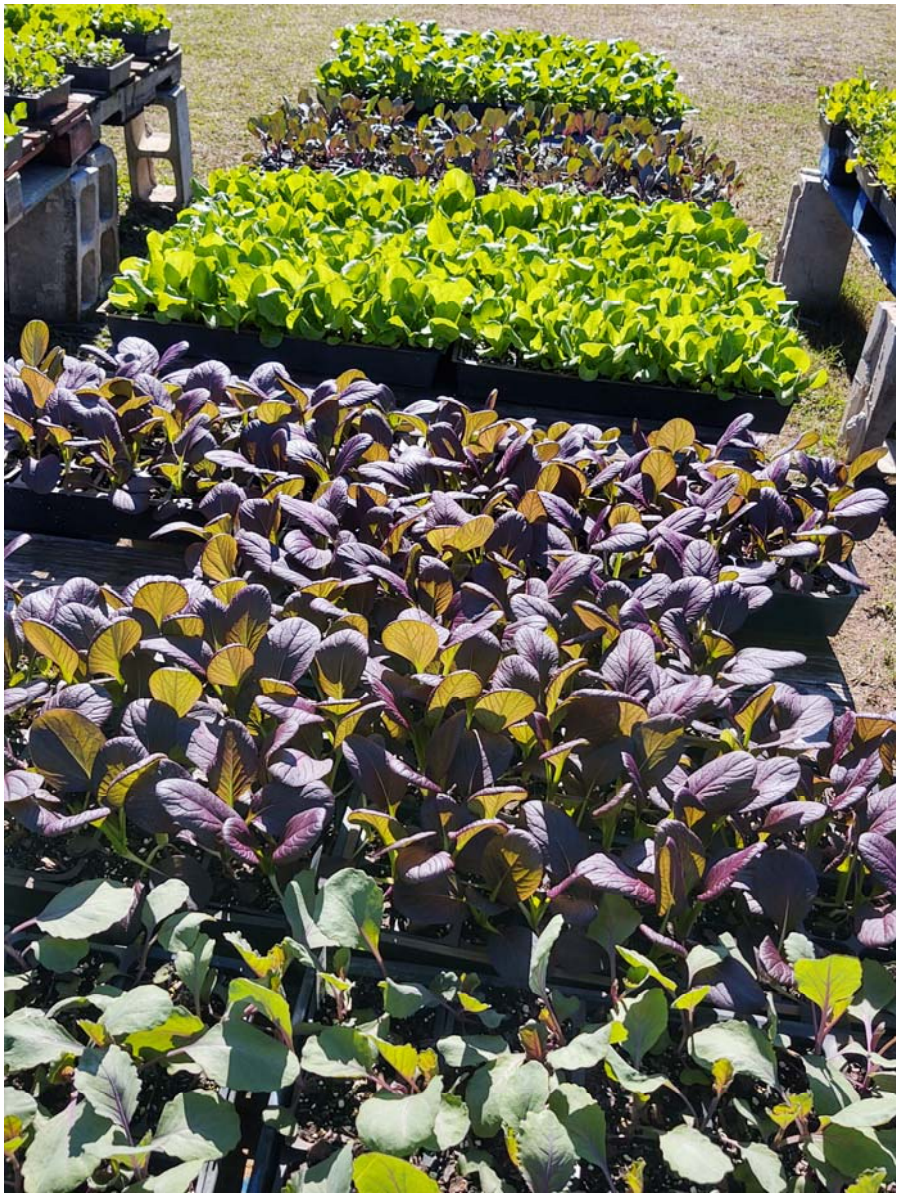



Flatout
Flatout
Flatout



Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant






Cinnamon
Toast Crunch
TAZO
Mashed Potatoes
Original
Mashed Potatoes
Original





Attachment: The Path of Citrus County SLIDE SHOW (12603 : The Citrus County Nonprofit Grant




Publix.Serves
Publix.Serves
Publix.Serves
Publix.Serves
EVERYTHING IS POSSIBLE







Attachment: The Path of Citrus County (12603 : The Citrus County Nonprofit Grant



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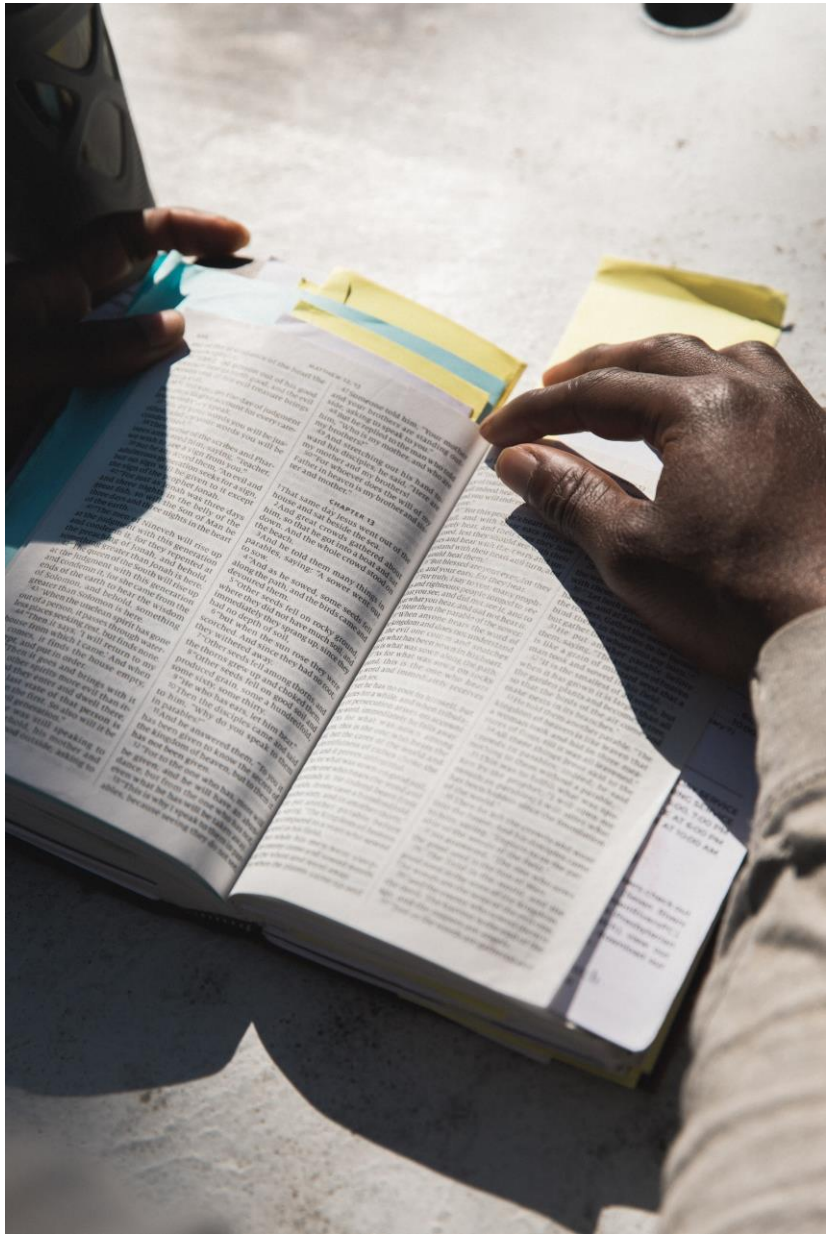

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CERTIFICATE OF COMPLETION
AWARDED TO
Corey Collins
CERTIFICATE OF COMPLETION
AWARDED TO
Elijah Flores
NORTHWESTERN



Attachment: The Path of Citrus County (12603 : The Citrus County Nonprofit Grant





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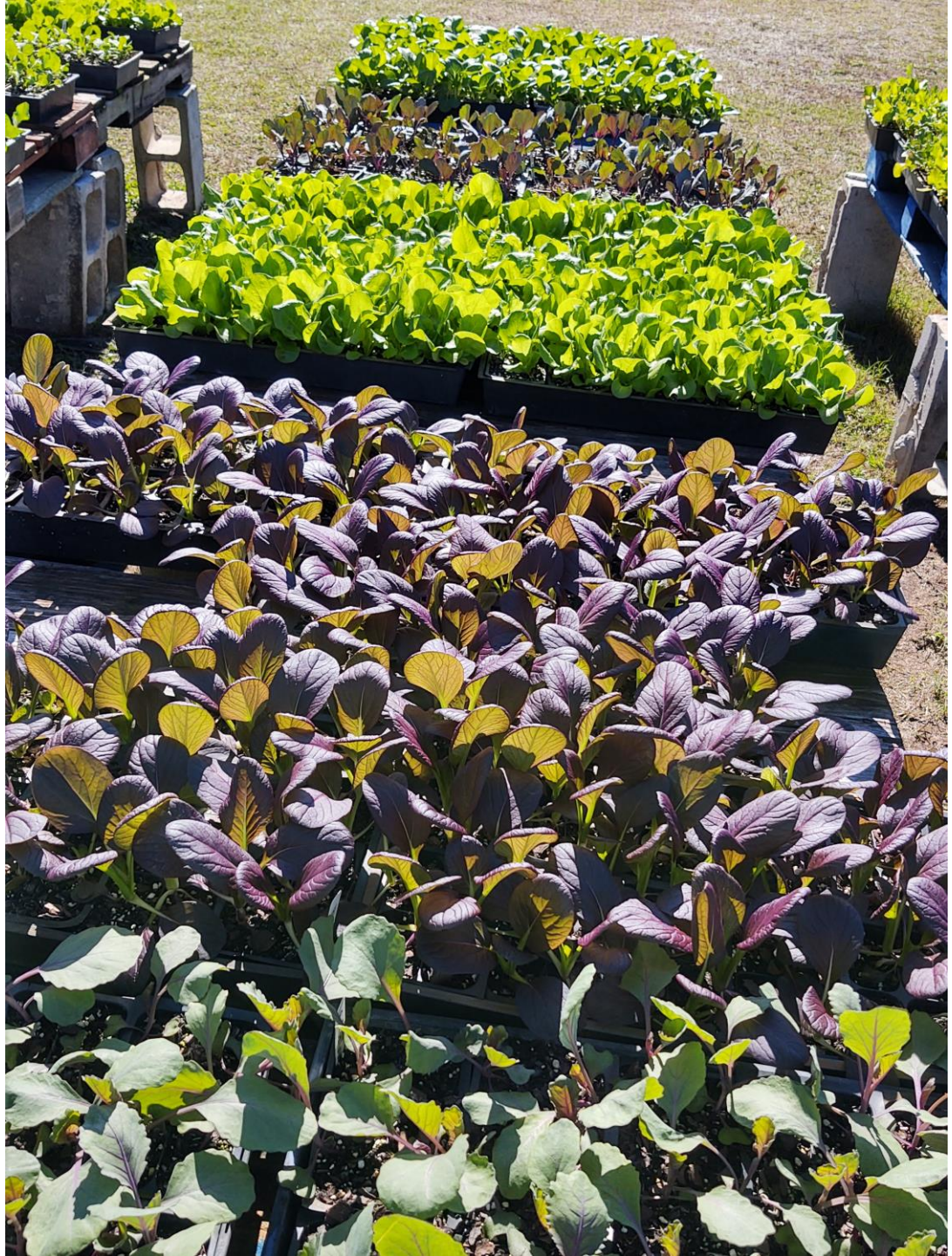
VEGETABLE OIL
COOKING
SPRAY



Attachment: The Path of Citrus County (12603 : The Citrus County Nonprofit Grant



Attachment: The Path of Citrus County (12603 : The Citrus County Nonprofit Grant



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MID FLORIDA Homeless Coalition
CITRUS, HERNANDO, LAKE & SUMTER COUNTIES

MFIN

MID FLORIDA INFORMATION NETWORK

Attachment: Mid Florida Homeless Coalition, Inc (12603 : The

What is MFIN?

Mid Florida Information Network is a local information Homeless Management Information System (HMIS) used to collect client-level data and data on the provision of housing and services to those experiencing homelessness and those in danger of becoming homeless.

Federal and State partners such as the Departments of Housing & Urban Development, Health & Human Resources, Veterans Affairs and Department of Children & Families work together to determine the data that needs to be collected for the various programs funded by those departments.

Attachment: Mid Florida Homeless Coalition, Inc (12603 : The

Who uses MFIN?

Agencies receiving grant funds via Mid Florida Homeless Coalition, and Federal grants are required to enter data into **MFIN**. Those who want to work together to make an impact. It is more than a database, it is a case management tool.



Attachment: Mid Florida Homeless Coalition, Inc (12603 : The

Who uses MFIN in Citrus County?

Mid Florida Information Network is comprised of all the agencies in our Continuum of Care who use the **MFIN** database to enter data on those they serve.

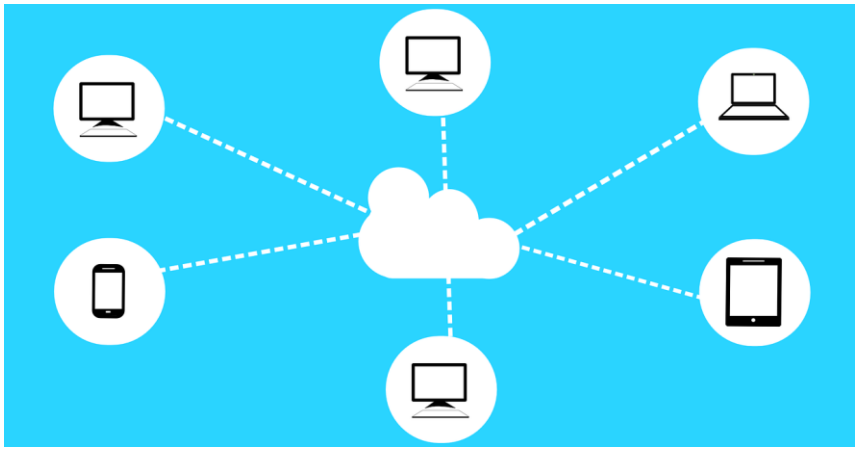
In Citrus County, **MFIN** includes:

United Way of Citrus County
Daystar of Citrus County
The Salvation Army of Citrus County
Pregnancy & Family Life Center
Citrus County Housing
St. Vincent de Paul CARES
BASICS United
Catholic Charities
Citrus County Family Resource Center
Lutheran Services Florida
Mid Florida Homeless Coalition who also enters data for The Path of Citrus

Attachment: Mid Florida Homeless Coalition, Inc (12603 : The

Where do we use MFIN?

Mid Florida Information Network is located in the cloud and accessible via all internet-capable devices.

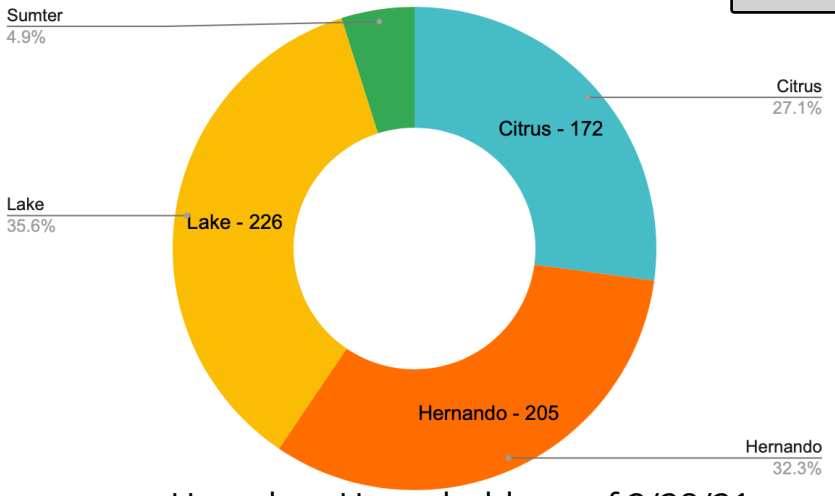


Attachment: Mid Florida Homeless Coalition, Inc (12603 : The

Why do we use MFIN?

The Mid Florida Information Network has been invaluable in tracking CARES funding.

- Participants are entered into the system with type and amount of assistance provided
- Other organizations can see what assistance provided
- Determine eligibility and prevent duplication of efforts



Homeless Households as of 2/28/21

Attachment: Mid Florida Homeless Coalition, Inc (12603 : The

Why do we need help?

- There is a monthly user cost of every user - 38 users in Citrus County
- There is a cost to provide data entry for those who are not able to do their own data entry.
- There is a cost to provide training and technical assistance to every user or organization
- There is a cost for ongoing data quality review
- More organizations are requesting user access, and more time is being spent on on the above tasks

Attachment: Mid Florida Homeless Coalition, Inc (12603 : The

Wednesday Food Delivery

Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Wednesday Delivery





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)



Trucks deliver early Wednesday and Thursday mornings.

Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Putting food away





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Preparing for distribution





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)





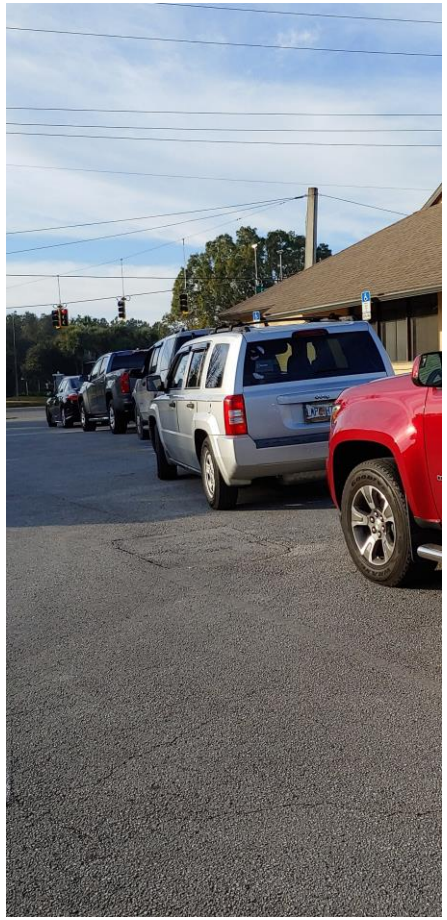
Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Car line and check in





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Distribution





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Distribution





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Boy Scout Food Drive





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)





Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)

Our favorite insurance man Daniel



- Daniel helps with clients' insurance needs. He comes to the pantry and will visit clients in their homes. He has helped so many of our clients!!!

Attachment: SOS Inc (12603 : The Citrus County Nonprofit Grant Program)



THE PREGNANCY
AND FAMILY LIFE CENTER

THE PREGNANCY AND FAMILY LIFE CENTER

Healthy Mind, Healthy Body, Healthy Baby Behavioral Health Program

Attachment: Pregnancy and Family Life of Citrus County (12603 : The Citrus County

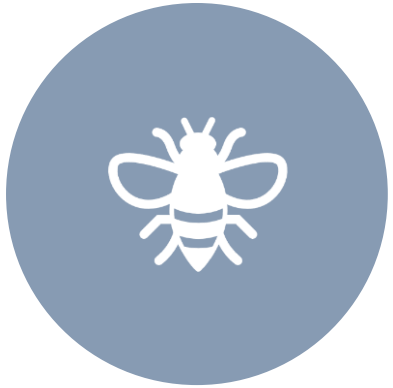
The Pregnancy and Family Life Center



SERVING ALL OF CITRUS COUNTY SINCE 1982.



ALL GEOGRAPHICAL AREAS IN COMMUNITY



EXPANDED SERVICES NOT ONLY TO PREGNANT WOMEN BUT ENTIRE FAMILIES

Attachment: Pregnancy and Family Life of Citrus County (12603 : The Citrus County

Behavioral Health Program provides:



- Mental Health and Substance treatment to Citrus County's indigent and uninsured residents free of charge.
- Focus on all court alternatives, YFA, Teen court, and those women experiencing perinatal mood disorders.
- Average wait time to see Licensed Clinical Social Worker is 3 days.
- All our staff has been trained in Mental Health First Aid and Motivational Interviewing.
- We have masters and bachelors level students currently from St. Leo, Capella and Liberty University School of Social Work.

Attachment: Pregnancy and Family Life of Citrus County (12603 : The Citrus County

Affects of COVID on Mental Health

In General

- More than 1/3 of Americas have reported clinical signs of anxiety, depression or both since the pandemic began, those also suffering from financial difficulty is significantly higher.
- Pandemic Stress is significantly higher in young people ages 18-29. A woman's peak reproductive years are between the late teens and late 20's.
- According to the Bureau of Labor Statistics, the unemployment rate rose from 15.9 million to 23.1 million in one-month last year and has continued to rise.
- Mental Health is the poorest among those unemployed for six months or longer.
- The prolonged pandemic chaos will inevitably have consequences that are likely to escalate physiological burden and worsen the mental well being of individuals, pregnant women and new mothers.
- This leads to an increase in intimate partner violence, reduction in preventive help seeking behavior and increase in suicide rates especially among low income families.



- Across all ages, we have removed the human interaction. According to the Chronicle, in the year 2020 the rate of drug overdose deaths in Citrus County increased by 250% compared to previous year.
- That makes us the 6th highest in the state of Florida for overdose incidents.
- COVID 19 has created a new level of unemployment, personal desperation, isolation and loneliness that drives individuals towards the use of illegal drugs.
- We are seeing increased incidences of anxiety and depression in our perinatal (a term that refers to the time during pregnancy and up to one year after birth) clients.
- There is an increased risk of adverse affects due to COVID preventive measures such as quarantine, physical distancing, home isolation, remote consultations with healthcare professionals and the inability to obtain expected level of support.



- The PFLC behavioral health program uses strength-based counseling theories to promote prenatal attachment: resulting in less prenatal stress, increased self esteem, and decreased social isolation.
- Offer all our free services in conjunction to the behavioral health program.
- These other services stabilize the client and family and offer holistic wrap around care to every member of the family.
- Extensive case management.
- Established relationships with Healthy Families, Healthy Start, YFA, The Path Rescue Mission, Health Department, Court Alternatives program and many more.
- With in the last year, even though COVID has greatly affected our numbers we have had 218 clients start our program and currently have 29 clients engaged in active counseling services.

Program Testimonials

- July3rd, I lost custody of my four daughters due to domestic violence and drug use. One of my tasks on my case plan was substance abuse counseling, single and group. Without the help of the Pregnancy Centers funding for my treatment/therapy. I would not have been able to afford it. I have been enrolled in single/group therapy since October 2019. I have been reunited with my girls and are happy. I could not have done this without the Pregnancy Center and their funding. A.P.



- PFLC has helped me immensely during the pandemic. With many uncertainties including but not limited to income, health and availability of goods and services it has been a blessing to be able to count on continued help. Without this funding myself and many others would possibly not be able to receive essential services provided by PFLC and be forced to look for alternatives, possible inferior, if even available at all. Please consider the many people that are assisted and able to live much better lives going forward with the funding provided by this organization when considering budgetary allotments in the future. (Current patient of EBH and PFLC)






Hope


MENTAL
HEALTH
MATTERS

Thank you for the opportunity to present our Behavioral Health Program

Attachment: Pregnancy and Family Life of Citrus County (12603 : The Citrus County



Ending Hunger and Nourishing Hope

Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

Who is hungry?

The combined populations of New York City, Los Angeles, Chicago and Houston doesn't come close to equaling the number of hungry people in the US.

- 4 in 10 of the households, approximately 26,000 residence in Citrus County fall below the poverty line. The pandemic has spiked this by 400%.
- 1 in 6 adults and 1 in 4 children are "food insecure" or do not know where their next meal is coming from.
- 72% of the students in Citrus County schools are on free and reduced lunch.

Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

ABOUT THE FOOD BANK

- Over 21 million pounds of food distributed since January 2013
- FEEDING Tampa Bay, CITRUS COUNTY SHERIFF'S EMERGENCY MANAGEMENT, FEMA Partner
- Not government funded, we rely solely on donations
- Some of our major donors include:
  - Walmart
  - Black Diamond Foundation
  - Citrus County Community Charitable Foundation
  - Suncoast Credit Union
- We supply food to 56 agencies who distribute to individuals & families in need

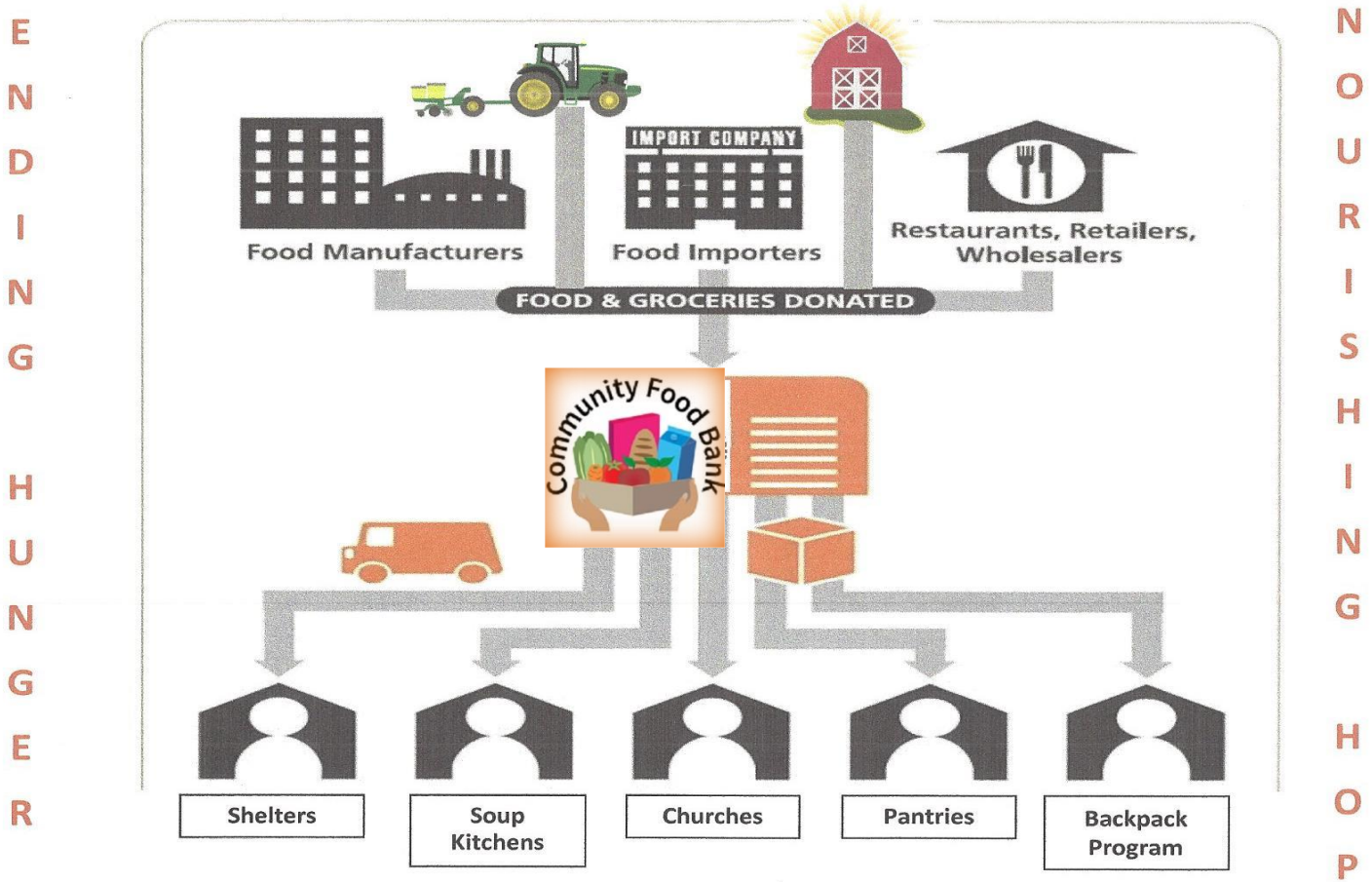
Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

Our Agencies

- *Annie W. Johnson Family & Sr. Service Center*
- *Another Chance Deliverance*
- *Calvary Chapel of Inverness*
- *Calvary Christian Center*
- *Celebrate Recovery (CR)*
- *Church of God Citrus Springs*
- *Citrus Abuse Shelter Association (CASA)*
- *Citrus County Children's Advocacy Center (Jessie's Place)*
- *Citrus County Family Resource Center*
- *Citrus County Harvest / Blessings*
- *Citrus County Veterans Coalition*
- *Citrus United Basket (CUB)*
- *Covenant Children's Home*
- *Crystal River Church of God*
- *Crystal River United Methodist Church*
- *Dawn Center*
- *Daystar Life Center*
- *First Baptist Church of Beverly Hills*
- *First Baptist Church of Crystal River*
- *First Baptist Church of Floral City*
- *First Lutheran Church of Inverness*
- *First Baptist Church of Istachatta*
- *First United Methodist Church of Homosassa*
- *Homosassa Church of God*
- *Hernando Church of the Nazarene*
- *Inverness Church of God*
- *Joy and Praise Fellowship*
- *Jericho Road Ministries*
- *Key Training Center*
- *Life Tree Presbyterian Church*
- *Living Waters Ministries*
- *Northcliffe Baptist Church*
- *North Oak Baptist Church Citrus Springs*
- *Nuevo Comienzo Resource Center*
- *Path of Citrus County*
- *Pregnancy and Family Life Center*
- *People Helping People*
- *River Life Church*
- *Sanctuary Mission*
- *Seventh Day Adventist Church of Hernando*
- *Seventh Day Adventist Church of Homosassa*
- *Shepherd of the Hills "SOS" Ministries*
- *St. Anne's Episcopal Church Crystal River*
- *St. Elizabeth Ann Seton Catholic Church*
- *St. Margaret's Episcopal Church*
- *Suncoast Baptist Church*
- *The Salvation Army of Citrus County*
- *The Salvation Army of Hernando County*
- *The Spot Family Center*
- *St. Vincent DePaul*
- *New Church Without Walls Mass Distribution Partner*

Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

Community Food Bank Food Flow Chart



Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

We pick up donated food from 26 different grocery stores





Walmart

Winn Dixie

Save a Lot

Publix

Sam's CLUB

RUTABAGAS etc.
NATURAL FOOD MARKET

THE FRESH MARKET

Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

What do we distribute?

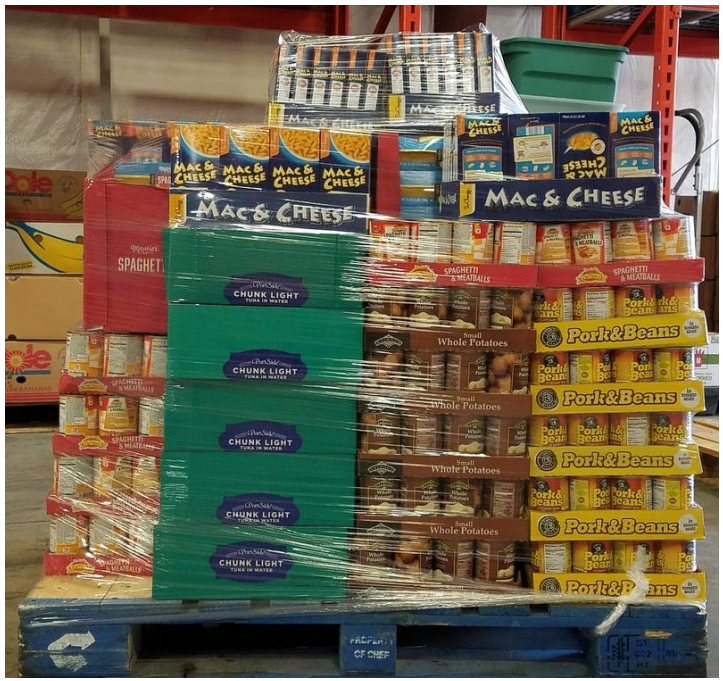
- Meat
- Fresh Produce
- Dairy
- Bread & Bakery
- Frozen Food
- Canned Goods
- Non-perishables
- Personal Care Items – masks!



Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

What do we supply?

- **Purchase Product, which allows our agencies to order in bulk and save 20%+ off of retail prices and have consistent products.**



Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

How much do we acquire?

21 million pounds = 21 million meals!

In 2020 we provided every person in need in Citrus County at least 3 meals per week.







Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit



[Community Food Bank Video]

Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

How the public supports us.

- ✓ Donated Food or Food Drives through schools, churches, clubs, or organizations



- ✓ Make monetary donations



- ✓ Volunteer



Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

We need YOU!

Hunger is the symptom of a much larger social issue. Unless it is broken, the cycle of hunger will burden people for a lifetime and pass to the next generation.



Action and compassion can break this cycle and change lives forever.

The challenge: Embrace, educate and combine forces to create an environment and opportunity for self-sufficiency.

Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit

feedcitrus.org
#feedcitrus



Thank you for being our partner in the fight against hunger!

Attachment: Community Food Bank of Citrus County (12603 : The Citrus County Nonprofit



Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

Presenters

- B. Jeffrey Wallis, MD – President, DFCCC
- Sondra L. Moylan, MS, RN - Director
- Ernesto “Tito” G. Rubio, MPH - Director

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

DOCTORS' FREE CLINIC OF CITRUS COUNTY INC

Who Are We?

- A 501 (c) (3) not-for-profit charitable organization
- All providers are volunteers and are not compensated for their services
- Physicians, nurses, administrative staff,
- Member of *Free & Charitable Clinics and Charitable Pharmacies*

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

DOCTORS' FREE CLINIC OF CITRUS COUNTY INC

Our Mission

- To provide long-term health care services to the homeless, indigent, underserved, and uninsured of Citrus County
  - Families with at least Type equation here.
- Safety-net health care organization that utilizes a volunteer model to provide chronic care services
- Establish alliances to provide the best health care that we are able to provide
- DFCCC also provides education regarding disease processes and improve the overall health of Citrus County

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

DOCTORS' FREE CLINIC OF CITRUS COUNTY INC

Chronic Health Care

- Access to medications
- Asthma
- Arthritis
- COPD
- Diabetes
- Epilepsy
- Heart Disease
- Hypertension
- Laboratory
- Radiology
- Obesity
- Education

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

DOCTORS' FREE CLINIC
OF CITRUS COUNTY INC

Behavioral Health

- Diagnosis
- Referral

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

Who Qualifies

- Uninsured
- Between ages of 18 and 64
- A resident of Citrus County
- Low-income or no income (pre-screened)
- A chronic health condition and/or mental health diagnoses that the clinic can treat
- Referral to volunteer specialists as needed

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

DOCTORS' FREE CLINIC OF CITRUS COUNTY INC

Educational Programs Offered

- Smoking Cessation
  - All new patients who use tobacco products are required to attend the smoking cessation program
- Healthy Lifestyle
- Diabetes educators

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

What is Not Provided

- Walk-ins
- Emergencies
- Narcotic Prescriptions
- Drug/Alcohol counseling
- Dentistry

Attachment: Doctor's Free Clinic of Citrus County (12603 : The Citrus County Nonprofit

DOCTORS' FREE CLINIC OF CITRUS COUNTY INC



Thank You

Inverness Lions Foundation Inc.

Funding Request

Expansion of our Successful Vision Care Program

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

Inverness Lions Foundation Background

- Formed in 1976 to empower community members to serve the humanitarian needs of the community
- Focus of our mission is vision services
- Assistance is provided to all low income residents of Citrus County
  - Homeless
  - Veterans
  - School children needing eye exams and glasses
  - Residents needing glasses to return to work
  - Resident needing eye surgery

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

Services we provide to Citrus County residents

- Pay for vision examinations including specialty doctors and surgeons
- Pay for cataract surgery
- Pay for retinal detachment surgery
- Pay for diabetic neuropathies and laser removal of scar tissue
- Provide school age children in need with eye exams and two pairs of glasses
- Pay for bifocal, trifocals, and other specialty glasses
- Pay for safety glasses so residents can return to work.

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

Need in Citrus County

2016 US Census “17.4 % of Citrus County Residents live below the poverty level”

March 16th 2019 “Citrus County was among the most unhealthy county in the State of Florida

United Way 2019 – “Over 17,000 of the adults in our county don’t have a basic level of education.

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

Inverness Lions Foundation Partner Agencies

- Citrus County Abuse Shelter Association Inc. CASA
- Camp E-Nini-Hassee
- Citrus County School System - NASN
- The Pregnancy and Family Life Center
- Citrus County Family Resource Center
- Veterans Crisis Center
- Florida Foundation for the Blind.
- Citrus County food pantries and churches

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

How we get the word out to the community

- Monthly ads in the Citrus County Chronicle
- Leaflets handed out by our volunteers to citizens waiting for food at the pantries
- Our partner agencies asking about vision needs when a client signs up for services.
- Speaking with area pastors and ministers .
  - New Church without Walls.

Inverness Lions Club
Citrus County, Florida

LIONS INTERNATIONAL

Vision Assistance Program

Inverness Lions Club

Vision Assistance Program

If **YOU**, or someone **YOU KNOW**, is in need of Vision Care and they have been putting it off because of finances, call the number below for an application.

VISION HOTLINE

1-352-560-8741

Available for qualified Citrus County Residents





Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

Procedure for obtaining eye services

- The client must be a full time resident of Citrus County
- The client completes an Application for Vision Assistance
  - Name, address, phone number
  - If the client is available for other assistance, Medicaid, Food Stamps, etc.
  - Monthly income including pensions and Social Security
  - Monthly expenses including rent, food, clothing, etc
  - What services are being requested by the client

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

Vision Assistance Application Review Process

The completed application is reviewed by the Eyesight Chairperson

The completed application is reviewed and approved or denied by the Inverness Lions President, Treasurer and Eyesight Chairperson.

If the application is approved arrangements are made with our partner vision care providers.

A listing of those vision care providers is included with our application.

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

What are the goals of this request?

- To provide vision care services to 150 low income residents of Citrus County
- To provide these services within the budget provided in the grant application
- To provide these services within the project plan timeline provided in the grant application.
- To continue to reach out to the Citrus County community as a whole to improve the health care of its most vulnerable residents.

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

Thank You!!

Questions?

Attachment: Inverness Lions Foundation (12603 : The Citrus County Nonprofit Grant

CITRUS COUNTY NONPROFIT GRANT PROGRAM

NATURE COAST EMS



Attachment: Nature Coast Emergency Medical Foundation Inc (12603 : The Citrus County

OVERVIEW

NCEMS is seeking $100,000 from the Citrus County Nonprofit Grant Program to help to assist Citrus County residents who are economically disadvantaged to offset ambulance costs. Funds will also allow us to expand participation in countywide vaccinations to include individuals who are unable to leave their house.

This will provide the following benefits to the residents of Citrus County:

- Ease life for those already struggling with loss of income due to the pandemic
- Ensure NCEMS will continue to be there for those in need
- Improve availability of the COVID-19 vaccine

Attachment: Nature Coast Emergency Medical Foundation Inc (12603 : The Citrus County

Attachment: Nature Coast Emergency Medical Foundation Inc (12603 : The Citrus County

PROBLEM

Residents of Citrus County face numerous challenges due to uninsured population of 10.4% and poverty rate of 16.7% compared to 12.7% throughout Florida.

- Current factors show an average of 19.1% for FY 2020 of patients who are uninsured, an increase from 15.4% in FY 2019
- Collection rate for “Bill Patient” down from 14% FY 2016 – 2019 to 2% FY 2020

Funds from this grant will assist Citrus County residents who are economically disadvantaged, underinsured or not insured. This will include persons whose income is no more than 300% of the federal poverty guidelines as outlined by HHS or who otherwise are unable to pay their ambulance bill due to hardship.

PROBLEM

Homebound senior citizens in Citrus County who are no longer able to leave their homes face challenges receiving the COVID-19 vaccine. "Homebound" is defined as being unable to leave the home without assistance (citrusbocc.com).

Expand NCEMS participation in vaccination clinics to include home-bound vaccinations.

- NCEMS would employ paramedics who are trained to store, handle and administer vaccines to include home-bound vaccinations.

This would positively impact residents who are sick, injured or otherwise unable to leave their homes.

Attachment: Nature Coast Emergency Medical Foundation Inc (12603 : The Citrus County

CONCLUSION

If approved, the funds will help NCEMS decrease the financial burden on the uninsured and those in poverty while improving the county's ability to "prevent, prepare for, and respond to coronavirus."

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