



*Supporting the State of Florida  
Prescription Drug Monitoring Program*

**Florida PDMP Foundation Inc.**

**FEI/EIN Number: 27-2004435**

**10801 Starkey Rd. #104-221  
Seminole, FL 33777**

**[www.flpdmpfoundation.com](http://www.flpdmpfoundation.com)**

**(850) 284-4490**

**ANNUAL REPORT TO THE DEPARTMENT OF HEALTH**

**2016**

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**Issuing Authority:**

Pursuant to section 893.055, Florida Statutes (F.S.), the Florida Department of Health (Department) is authorized to establish a direct support organization (DSO) to provide assistance, funding, and promotional support for the activities authorized by the Prescription Drug Monitoring Program (PDMP). The DSO operates as contemplated by and in compliance with the requirements of sections 893.055 and 20.058, F.S.

The Florida PDMP Foundation, Inc. (Foundation) is a Florida not-for-profit corporation, incorporated under Chapter 617, Florida Statutes, organized and operated to conduct programs and activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, and invest, in its own name, securities, funds, objects of value, or other property, either real or personal; and make expenditures to provide funding to or for the direct or indirect benefit of the Department in the furtherance of the PDMP, pursuant to section 893.055(11)(a), F.S. The Foundation is under contract with the Department and operates as a tax-exempt organization under section 501(c)3 of the federal Internal Revenue Code.

**Mission:**

The mission of the Florida PDMP Foundation, Inc. is to conduct fundraising for the benefit of the Prescription Drug Monitoring Program (PDMP) in order to reduce prescription drug abuse and diversion.

**Results:**

Since its formation, the Foundation has been very active seeking support for the PDMP, known as EFORCSE (Electronic-Florida Online Reporting of Controlled Substances Evaluation). Through June 2016, the Foundation had assets of over \$1.5M in private and corporate contributions. Of these funds, \$1.4M are currently being invested in Wells Fargo Bank purchased certificates of deposit and bank money market accounts to provide future funding when needed to continue E-FORCSE operations. These funds would be used in the event state of Florida general revenue funds currently supporting the program are discontinued. In addition, the foundation provided over \$11,000 in supplemental contributions to E-FORCSE operations to support special event marketing and promotional projects.

**Background:**

The PDMP Foundation executive director and board members continue to actively seek major gift contributions from corporations, professional associations, businesses and law enforcement agencies as private funds for the sustainability of E-FORCSE operations. Marketing and branding the PDMP continued with the foundation representatives attending major conferences and trade shows. These included the Florida Sheriffs Association, Florida Police Chiefs Association, Florida City and County Management Association, Florida Public Health Association, Florida Medical Association, Florida Podiatric Medical Association, Florida Osteopathic Medical Association, Florida Dental Association, Florida Pharmacy Association, Florida Chapter of Emergency Physicians and Florida Society of Interventional Pain Physicians. In addition, the executive director made a presentation to the Pinellas County Osteopathic Medical Society and the foundation conducted its first PDMP Course sponsored by Walgreens at the Florida Dental Convention.

The foundation also continued its yearly sustaining member campaign which targets past and potential new donors. This included contacts with the 67 county sheriff's offices and over 300

police chiefs. The foundation also extended the contract of its part-time executive director. Bob Macdonald will continue in that position through FY 2016-2017.

### **Three Year Strategic Plan:**

The following is an overview of the Foundation's short-range strategic plan:

#### ***In FY 2016-2017 the Foundation will be involved in the following activities to meet its goals and objectives:***

- 1) Providing recommendations of persons to fill vacant board of directors seats to the State Surgeon General to include individuals representing major healthcare corporations, professional association and law enforcement agencies that support E-FORCSE ideals.
- 2) Continuing to work with Wells Fargo Bank wealth brokerage services to increase the foundation investment portfolio to ensure that there are sufficient funds for future E-FORCSE operations when needed to sustain the state PDMP database.
- 3) Maintaining a strong annual giving campaign with past donors and potential new supporters to encourage them to provide funding for foundation operations.
- 4) Contacting political candidates running for office in 2017 to seek contributions from their excess campaign funds.
- 5) Continuing to brand E-FORCSE with health care practitioners, local government officials and law enforcement agencies through continued presence at major conferences and trade shows.
- 6) Continue to cultivate corporate and business target markets to include the Florida Retail Federation, Associated Industries of Florida and the Florida Chamber of Commerce.
- 7) Increase promotion of the foundation and E-FORCSE activities on social media via SEO programs.
- 8) Finalizing a PDMP online course in conjunction with the FMA to promote to all health care practitioners eligible to use the E-FORCSE database.
- 9) Continue to increase the foundation board's involvement in fundraising activities through regular conference calls and live meetings and establishment of various action committees.

#### ***In FY 2017-2018 the Foundation will be involved with:***

- 1) Continuing to seek annual contributions from past and targeted donors and organizations and political candidates from excess campaign funds.
- 2) Continuing to fill board positions which become vacant with key diverse professional and corporate representatives.
- 3) Scheduling a major fundraising event in cooperation with a state professional healthcare association to raise funds for The E-FORCSE Endowment Fund.
- 4) Continuing to market the PDMP online course.

- 5) Identifying key corporations to seek major gifts for the Foundation's operations.
- 6) Continuing branding of PDMP at state conferences and trade shows.
- 7) Provide funds as necessary to assist with E-FORCSE operations.

***In FY 2018-2019 the Foundation will be involved with:***

- 1) Continuing annual and corporate campaigns seeking funds from past donors and targeted new prospects and political candidates from excess campaign funds.
- 2) Developing special events at professional association conventions and trade shows to raise funds and awareness for the need for private support for E-FORCSE sustainability.
- 3) Continuing to promote and market the PDMP course to practitioners throughout the state.
- 4) Continuing promotion of PDMP at conferences and trade shows.
- 5) Continuing to provide financial support to DOH for E-FORCSE operations, as requested.
- 6) Filling board vacancies with key individuals supportive of the program.

**Certification of Direct Support Organization Contract Compliance:**

Pursuant to section 893.055, Florida Statutes, the Florida Department of Health is authorized to establish a direct support organization to provide assistance, funding, and promotional support for activities authorized by the Prescription Drug Monitoring Program. The Department entered into a two-year contract with the Foundation as a direct support organization on January 7, 2015. The contract ends on January 6, 2017 and is renewable on a biennial basis upon mutual written agreement of the parties. By July 31 each year, the Foundation must apply to the Department for certification that it is operating in compliance with the terms of this contract, pursuant to section 893.055(11)(d)(3), Florida Statutes, and report the certification in the official minutes of a meeting of the Foundation. The Department has certified the Foundation is in compliance with the terms of the contract entered into on January 7, 2015. **See Attachment A.**

Mission:  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



Rick Scott  
Governor

Celeste Philip, MD, MPH  
State Surgeon General

Vision: To be the Healthiest State in the Nation

## Certification of Direct Support Organization Contract Compliance

### PREAMBLE

Pursuant to section 893.055, Florida Statutes, the Florida Department of Health (Department) is authorized to establish a direct support organization to provide assistance, funding, and promotional support for the activities authorized by the Prescription Drug Monitoring Program (PDMP).

The Florida PDMP Foundation, Inc. (Foundation) is a Florida not-for-profit corporation, incorporated under Chapter 617, Florida Statutes, organized and operated to conduct programs and activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, and invest, in its own name, securities, funds, objects of value, or other property, either real or personal; and make expenditures to provide funding to or for the direct or indirect benefit of the Department in the furtherance of the PDMP, pursuant to section 893.055(11)(a), Florida Statutes.

### CONTRACT WITH DIRECT SUPPORT ORGANIZATION

The Department entered into a two-year contract with the Foundation as a direct support organization on January 7, 2015. The contract ends on January 6, 2017 and is renewable on a biennial basis upon mutual written agreement of the parties.

### CONTRACT PROVISIONS

The contract between the Department and the Foundation requires the following:

- A. The Foundation must operate as the direct support organization as contemplated by and in compliance with the requirements of sections 893.055 and 20.058, Florida Statutes. The Foundation must continue to raise funds, request and receive grants, gifts, and bequests of money, acquire, and otherwise act in accordance with the goals of the PDMP and in the best interests of the state of Florida as determined by the Department.
- B. The Foundation must obtain a written approval from the Department for any activities in support of the PDMP before undertaking those activities.
- C. By May 15 of each year, the Foundation must submit an annual budget for review and approval by the Department.
  1. The Foundation's budget must detail its fund-raising plan to support the spending plan for the Department's PDMP. It must include the projected total funding for the period from July 1 of the then current year through June 30 of the following year. The projection must include expected fund-raising activities to meet the Department's budget.

- D. The Foundation must retain the services of an appropriately licensed individual to conduct an independent annual financial audit in accordance with section 215.981, Florida Statutes. Copies of the audit must be provided to the Department and the Office of Policy and Budget in the Executive Office of the Governor.
- E. The Foundation must submit the following information to the Department by August 1, each year:
1. Name, mailing address, telephone number, and website
  2. Statutory authority pursuant to which the organization was created
  3. A brief description of the mission of, and results obtained by the organization
  4. A brief description of the plans of the organization for the next three years
  5. Copy of the organization's code of ethics
  6. Copy of the organizations most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax Form (Form 990).
- F. The Foundation and its employees must not act as an agent or representative of the Department.
- G. The Foundation must maintain its not-for-profit corporate status with the U.S. Internal Revenue Service.
- H. By July 31 of each year, the Foundation must apply to the Department for certification that it is operating in compliance with the terms of this contract, pursuant to section 893.055(11)(d)(3), Florida Statutes, and, if received, report the certification in the official minutes of a meeting of the Foundation.
- In furtherance of the certification requirement, the Foundation must provide at the Department's request, and within 7 days of such request, any and all documentation and assurances necessary to assess the Foundation's compliance with the terms of this contract. The Foundation must also make available, within its authority and in a timely manner and appropriate location, any members, employees, volunteers or agents of the Foundation to truthfully answer questions so that the Department may assess the Foundation's compliance.
- I. The Foundation must comply with all provisions of section 893.055, Florida Statutes, as well as all other applicable State and Federal Laws in the conduct of its business and in all aspects of its performance of this contract. The provisions of sections 20.058 and 287.058, Florida Statutes, are applicable to this contract.

#### CERTIFICATION

I hereby certify the Florida PDMP Foundation, Inc. is in compliance with the terms of the contract entered into on January 7, 2015, as set forth above, in a manner consistent with and in furtherance of the goals and purposes of the PDMP and in the best interests of the state of Florida and that I am authorized to make this certification.



\_\_\_\_\_  
Rebecca R. Poston, BPharm, MHL, FCCM  
Contract Manager  
Florida Prescription Drug Monitoring Program

July 30, 2016

\_\_\_\_\_  
Date

## Code of Ethics

**Mission Statement:** The mission of the Florida PDMP Foundation, Inc. is to conduct fundraising for the benefit of the Prescription Drug Monitoring Program in order to reduce prescription drug abuse and diversion.

### ***Code of Ethics***

The Board of Directors and staff of the Florida PDMP Foundation, Inc. shall abide by and conform to the following while serving in their capacity:

- 1) Will obey applicable federal, state and local laws and regulations.
- 2) Will work within the legislative guidelines of a Direct Support Organization under contract to the Florida Department of Health.
- 3) Will uphold the Foundation's mission, goals and objectives which it adopts and which are approved by the Florida Department of Health.
- 4) Will advance E-FORCSE with potential donors through use of various fundraising vehicles to seek financial support for the sustainability of the program.
- 5) Will protect, at all times, all entrusted assets (physical, digital, financial, proprietary informational, etc.) keeping them secure and providing them for public review upon official request.
- 6) Will not misuse or leverage for gain any entrusted asset by using it in any manner other than that which was intended by the entrustor, unless otherwise required by law.
- 7) Will exercise proper authority, sound judgment, due diligence and respect when dealing with donors, state government officials, private organizations and the public.
- 8) Will not engage in or facilitate any discriminatory or harassing behavior.
- 9) Will recuse themselves from taking any action on any matter before the Foundation which may potentially be a conflict of interest.
- 10) Will act honestly, truthfully and with integrity at all times within the best interest of the Foundation as a Direct Support Organization to the Florida Department of Health.
- 11) Will, unless extenuating circumstances arise, attend all scheduled Foundation conference calls and live meetings as approved by the board and properly noticed to the public.
- 12) Will ensure that all assets are designated only for the operation of the PDMP database and the Foundation.
- 13) Will follow nationally recognized fundraising guidelines to cultivate potential donors to seek their support for large gift donations.



**IRS 990 Form:**

By August 1 each year, the Florida PDMP Foundation, a Florida non-profit corporation is required to submit the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax Form 990 in accordance to Section 20.058, F.S. **See IRS Form 990- Attachment B**

**Return of Organization Exempt From Income Tax**

**2015**

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](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** THE FLORIDA PDMP FOUNDATION INC.  
10801 STARKEY ROAD, #104-221  
SEMINOLE, FL 33777

**D** Employer identification number: 27-2004435

**E** Telephone number: 850-284-4490

**G** Gross receipts \$ 32,854.

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

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If 'No,' attach a list. (see instructions)

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

**J** Website: www.flpdmpfoundation.com

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

**L** Year of formation: 2010 **M** State of legal domicile: FL

**H(c)** Group exemption number ▶

**Part I Summary**

|   |   |
|---|---|
| <b>1</b> Briefly describe the organization's mission or most significant activities: <u>DIRECT SUPPORT OF THE FLORIDA DEPARTMENT OF HEALTH AND THE PRESCRIPTION DRUG MONITORING PROGRAM</u> |   |
| <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <u>3</u> <u>9</u>   |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <u>4</u> <u>0</u>   |
| <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <u>5</u> <u>0</u>   |
| <b>6</b> Total number of volunteers (estimate if necessary)   | <u>6</u> <u>0</u>   |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <u>7a</u> <u>1,850.</u>   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <u>7b</u> <u>850.</u>   |
| <b>8</b> Contributions and grants (Part VIII, line 1h)  | <u>Prior Year</u> <u>36,741.</u> <u>Current Year</u> <u>31,004.</u>                     |
| <b>9</b> Program service revenue (Part VIII, line 2g)   |   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <u>3,049.</u> <u>1,739.</u>   |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <u>111.</u>   |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <u>39,790.</u> <u>32,854.</u>   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <u>500,000.</u> <u>7,811.</u>   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |   |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <u>46,739.</u> <u>48,107.</u>   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <u>13,531.</u> <u>10,304.</u>   |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)▶   | <u>10,304.</u>  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <u>14,860.</u> <u>17,914.</u>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <u>575,130.</u> <u>84,136.</u>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12  | <u>-535,340.</u> <u>-51,282.</u>  |
| <b>20</b> Total assets (Part X, line 16)  | <u>Beginning of Current Year</u> <u>1,651,359.</u> <u>End of Year</u> <u>1,597,982.</u> |
| <b>21</b> Total liabilities (Part X, line 26)   | <u>1,688.</u> <u>24.</u>  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <u>1,649,671.</u> <u>1,597,958.</u>   |

**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: [Signature] Date: 8-1-16

**DAVID S. BOWEN, II** President

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: George Ponczek Preparer's signature: [Signature] Date: 7/25/16

Check  if self-employed PTIN: P00366523

Firm's name: George R. Ponczek, C.P.A., PA Firm's EIN: 65-0963657

Firm's address: 7000 West Palmetto Park Rd., Ste 220 Boca Raton, FL 33433 Phone no.: (561) 477-2880

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:

DIRECT SUPPORT OF THE FLORIDA DEPARTMENT OF HEALTH AND THE PRESCRIPTION DRUG MONITORING PROGRAM

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 \$ 15,293. including grants of \$ 7,811.) (Revenue \$ 31,004.)

PROVIDE FUNDING FOR FLORIDA DEPARTMENT OF HEALTH IN FURTHERANCE OF THE PRESCRIPTION DRUG MONITORING PROGRAM

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 15,293.

**Part IV Checklist of Required Schedules**

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

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

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

BAA

Form 990 (2015)

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

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

|             |   | Yes | No |
|-------------|---|-----|----|
| <b>1 a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="2"/>  |     |    |
| <b>1 b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>   |     |    |
| <b>1 c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>   |     | X  |
| <b>2 a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="0"/>   |     |    |
| <b>2 b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions)                                    |     |    |
| <b>3 a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>  | X   |    |
| <b>3 b</b>  | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/>  | X   |    |
| <b>4 a</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)? <input type="checkbox"/> |     | X  |
| <b>4 b</b>  | If 'Yes,' enter the name of the foreign country: <input type="text"/><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  |     |    |
| <b>5 a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>  |     | X  |
| <b>5 b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>   |     | X  |
| <b>5 c</b>  | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>   |     |    |
| <b>6 a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <input type="checkbox"/>                                    |     | X  |
| <b>6 b</b>  | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>  |     |    |
| <b>7</b>    | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |     |    |
| <b>7 a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="checkbox"/>  |     | X  |
| <b>7 b</b>  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>  |     |    |
| <b>7 c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>   |     | X  |
| <b>7 d</b>  | If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>   |     |    |
| <b>7 e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>  |     | X  |
| <b>7 f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>   |     | X  |
| <b>7 g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>   |     |    |
| <b>7 h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>   |     |    |
| <b>8</b>    | <b>Sponsoring organizations maintaining donor advised funds</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <input type="checkbox"/>  |     |    |
| <b>9</b>    | <b>Sponsoring organizations maintaining donor advised funds.</b>  |     |    |
| <b>9 a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/>   |     |    |
| <b>9 b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>  |     |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations</b> Enter:   |     |    |
| <b>10 a</b> | Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>  |     |    |
| <b>10 b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>   |     |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations</b> Enter:  |     |    |
| <b>11 a</b> | Gross income from members or shareholders. <input type="text"/>   |     |    |
| <b>11 b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>   |     |    |
| <b>12 a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts</b> Is the organization filing Form 990 in lieu of Form 1041? <input checked="" type="checkbox"/>  |     |    |
| <b>12 b</b> | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>   |     |    |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |     |    |
| <b>13 a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <input type="checkbox"/>   |     |    |
| <b>13 b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text"/>   |     |    |
| <b>13 c</b> | Enter the amount of reserves on hand. <input type="text"/>  |     |    |
| <b>14 a</b> | Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>   |     | X  |
| <b>14 b</b> | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>   |     |    |

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records   
 ROBERT MACDONALD 10801 STARKEY ROAD, #104-221 SEMINOLE FL 33777 850-284-4490

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

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

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

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

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

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

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) LEE ANN BROWN<br>Director               | 0<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) DANIEL GESEK<br>Director                | 0<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) SALLY WEST<br>Director                  | 0<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) JILL ROSENTHAL<br>Director              | 0<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) SAMIR VAKIL<br>Director                 | 0<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) DAVID S. BOWEN, II<br>Chairman          | 0<br>0   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) KAREN BAILEY<br>Secretary               | 0<br>0   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) GREG NAZARETH<br>Treasurer              | 0<br>0   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) MIKE AYOTTE<br>VICE CHAIRMAN            | 0<br>0   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) ROBERT MACDONALD<br>EXECUTIVE DIRECTOR | 40<br>0  |   |                       |         | X            |                              |        | 48,107.  | 0.  | 0.  |
| (11)  |  |   |                       |         |              |                              |        |  |   |   |
| (12)  |  |   |                       |         |              |                              |        |  |   |   |
| (13)  |  |   |                       |         |              |                              |        |  |   |   |
| (14)  |  |   |                       |         |              |                              |        |  |   |   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b> .....   |  |   |                       |         |              | 48,107.                      | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              | 0.                           | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              | 48,107.                      | 0.   | 0.  |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue                                     | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|--|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>       | <b>1 a</b> Federated campaigns   |  |  |   |  |  |
|   | <b>1 b</b> Membership dues   |  |  |   |  |  |
|   | <b>1 c</b> Fundraising events  |  |  |   |  |  |
|   | <b>1 d</b> Related organizations   |  |  |   |  |  |
|   | <b>1 e</b> Government grants (contributions)   |  |  |   |  |  |
|   | <b>1 f</b> All other contributions, gifts, grants, and<br>similar amounts not included above   | 31,004.  |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f.   | 31,004.  |  |   |  |  |
| <b>Program Service Revenue</b>  | <b>Business Code</b>   |  |  |   |  |  |
|   | <b>2 a</b> -----   |  |  |   |  |  |
|   | <b>b</b> -----   |  |  |   |  |  |
|   | <b>c</b> -----   |  |  |   |  |  |
|   | <b>d</b> -----   |  |  |   |  |  |
|   | <b>e</b> -----   |  |  |   |  |  |
|   | <b>f</b> All other program service revenue   |  |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f.  |  |  |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts)  |  | 1,739.   | 1,739.                                  |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |  |  |   |  |  |
|   | <b>5</b> Royalties   |  |  |   |  |  |
|   | <b>6 a</b> Gross rents   | (i) Real   |  |   |  |  |
|   |  | (ii) Personal  |  |   |  |  |
|   |  | <b>b</b> Less: rental expenses                           |  |   |  |  |
|   |  | <b>c</b> Rental income or (loss)                         |  |   |  |  |
|   | <b>d</b> Net rental income or (loss)   |  |  |   |  |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   |  |   |  |  |
|   |  | (ii) Other   |  |   |  |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses |  |   |  |  |
|   |  | <b>c</b> Gain or (loss)                                  |  |   |  |  |
|   | <b>d</b> Net gain or (loss)  |  |  |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>   |  |   |  |  |
|   |  | <b>b</b> Less: direct expenses                           |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events                   |  |  |  |   |  |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 | <b>a</b>   |  |  |   |  |  |
|   | <b>b</b> Less: direct expenses   |  |  |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities   |  |  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances    | <b>a</b>   |  |  |   |  |  |
|   | <b>b</b> Less: cost of goods sold  |  |  |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory  |  |  |   |  |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>                                     |  |   |  |  |
| <b>11 a</b> CREDIT CARD CASH REWARDS                                    | 900099   | 111.   |  | 111.                                    |  |  |
| <b>b</b> -----  |  |  |  |   |  |  |
| <b>c</b> -----  |  |  |  |   |  |  |
| <b>d</b> All other revenue  |  |  |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d.                                      |  | 111.   |  |   |  |  |
| <b>12 Total revenue.</b> See instructions.                              |  | 32,854.  | 0.   | 1,850.                                  | 0.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 7,811.                | 7,811.                          |  |                             |
| 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.  | 48,107.               | 0.                              | 48,107.                                | 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.  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  |                       |                                 |  |                             |
| 9 Other employee benefits.   |                       |                                 |  |                             |
| 10 Payroll taxes.  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management.  |                       |                                 |  |                             |
| b Legal.   | 234.                  |                                 | 234.                                   |                             |
| c Accounting.  | 1,990.                |                                 | 1,990.                                 |                             |
| d Lobbying.  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   | 10,304.               |                                 |  | 10,304.                     |
| 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.  | 2,179.                | 2,179.                          |  |                             |
| 13 Office expenses.  | 876.                  |                                 | 876.                                   |                             |
| 14 Information technology.   |                       |                                 |  |                             |
| 15 Royalties.  |                       |                                 |  |                             |
| 16 Occupancy.  |                       |                                 |  |                             |
| 17 Travel.   | 1,654.                | 1,654.                          |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings.   | 2,196.                | 2,196.                          |  |                             |
| 20 Interest.   |                       |                                 |  |                             |
| 21 Payments to affiliates.   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization.  |                       |                                 |  |                             |
| 23 Insurance.  | 3,727.                |                                 | 3,727.                                 |                             |
| 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  | 1,552.                |                                 | 1,552.                                 |                             |
| b WEBSITE  | 1,453.                | 1,453.                          |  |                             |
| c DUES & SUBSCRIPTIONS   | 650.                  |                                 | 650.                                   |                             |
| d POSTAGE  | 648.                  |                                 | 648.                                   |                             |
| e All other expenses.  | 755.                  |                                 | 755.                                   |                             |
| 25 Total functional expenses. Add lines 1 through 24e.   | 84,136.               | 15,293.                         | 58,539.                                | 10,304.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year   |            | (B)<br>End of year |            |
|------------------------------------|---|--|------------|--------------------|------------|
| <b>Assets</b>                      | 1   | Cash – non-interest-bearing  | 1,140.     | 1                  | 1,708.     |
|                                    | 2   | Savings and temporary cash investments   | 1,650,219. | 2                  | 1,596,274. |
|                                    | 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        |                    |            |
|                                    | b   | Less: accumulated depreciation   | 10b        | 10c                |            |
|                                    | 11  | Investments – publicly traded securities   |            | 11                 |            |
|                                    | 12  | Investments – other securities. See Part IV, line 11   |            | 12                 |            |
|                                    | 13  | Investments – program-related. See Part IV, line 11  |            | 13                 |            |
|                                    | 14  | Intangible assets  |            | 14                 |            |
|                                    | 15  | Other assets. See Part IV, line 11   |            | 15                 |            |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 1,651,359.   | 16         | 1,597,982.         |            |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses  |            | 17                 |            |
|                                    | 18  | Grants payable   |            | 18                 |            |
|                                    | 19  | Deferred revenue   |            | 19                 |            |
|                                    | 20  | Tax-exempt bond liabilities  |            | 20                 |            |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D  |            | 21                 |            |
|                                    | 22  | Loans and other payables to 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  | 1,688.     | 25                 | 24.        |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25  | 1,688.     | 26                 | 24.        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |  |            |                    |            |
|                                    | 27  | Unrestricted net assets  |            | 27                 |            |
|                                    | 28  | Temporarily restricted net assets  |            | 28                 |            |
|                                    | 29  | Permanently restricted net assets  |            | 29                 |            |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>    |  |            |                    |            |
|                                    | 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   | 1,649,671. | 32                 | 1,597,958. |
| 33                                 | <b>Total net assets or fund balances.</b>   | 1,649,671.   | 33         | 1,597,958.         |            |
| 34                                 | <b>Total liabilities and net assets/fund balances.</b>  | 1,651,359.   | 34         | 1,597,982.         |            |

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Form 990 (2015)

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 32,854.    |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 84,136.    |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -51,282.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,649,671. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -431.      |
| 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 | 1,597,958. |

**Part XII Financial Statements and Reporting**

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

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

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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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>THE FLORIDA PDMP FOUNDATION INC. | <b>Employer identification number</b><br>27-2004435 |
|---|---|

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

|              | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--------------|------------------------------------|----------|--|---|----|---|---|
|              |                                    |          |  | Yes   | No |   |   |
| (A)          |                                    |          |  |   |    |   |   |
| (B)          |                                    |          |  |   |    |   |   |
| (C)          |                                    |          |  |   |    |   |   |
| (D)          |                                    |          |  |   |    |   |   |
| (E)          |                                    |          |  |   |    |   |   |
| <b>Total</b> |                                    |          |  |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011 | (b) 2012 | (c) 2013   | (d) 2014 | (e) 2015 | (f) Total  |
|--|----------|----------|------------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   | 124,954. | 65,138.  | 2,161,881. | 36,740.  | 31,004.  | 2,419,717. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |            |          |          | 0.         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |          |          |            |          |          | 0.         |
| 4 <b>Total.</b> Add lines 1 through 3.   | 124,954. | 65,138.  | 2,161,881. | 36,740.  | 31,004.  | 2,419,717. |
| 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 <b>Public support.</b> Subtract line 5 from line 4.  |          |          |            |          |          | 2,419,717. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013   | (d) 2014 | (e) 2015 | (f) Total  |
|---|----------|----------|------------|----------|----------|------------|
| 7 Amounts from line 4   | 124,954. | 65,138.  | 2,161,881. | 36,740.  | 31,004.  | 2,419,717. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 191.     | 94.      | 585.       | 3,049.   | 1,739.   | 5,658.     |
| 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.) See Part VI  |          |          |            |          | 111.     | 111.       |
| 11 <b>Total support.</b> Add lines 7 through 10.  |          |          |            |          |          | 2,425,486. |
| 12 Gross receipts from related activities, etc. (see instructions)  |          |          |            |          | 12       | 0.         |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |            |          |          |            |

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

|  |    |         |
|--|----|---------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). | 14 | 99.76 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14.                       | 15 | 99.85 % |

16a **33-1/3% support test— 2015.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test— 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test— 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test— 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |          |          |          |          |          |           |
| 6 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . . .  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .  |          |          |          |          |          |           |
| c Add lines 10a and 10b. . . . .  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

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

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

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). . . . .   | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17. . . . .  | 18 | % |
| 19a <b>33-1/3% support tests— 2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>         |    |   |
| b <b>33-1/3% support tests— 2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/> |    |   |
| 20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . <input type="checkbox"/>  |    |   |



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (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 <b>Part VI</b> when and how the organization made the determination.  |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.   |     |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

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

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

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

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

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

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

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

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

| <b>Section D – Distributions</b> |   | 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 <b>Part VI</b> ). See instructions   |              |
| 7                                | <b>Total annual distributions.</b> Add lines 1 through 6  |              |
| 8                                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |              |
| 9                                | Distributable amount for 2015 from Section C, line 6  |              |
| 10                               | Line 8 amount divided by Line 9 amount  |              |

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

BAA

**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**

| Nature and Source   | 2015    | 2014  | 2013  | 2012  | 2011  |
|---------------------|---------|-------|-------|-------|-------|
| CREDIT CARD REWARDS | \$ 111. |       |       |       |       |
| Total               | \$ 111. | \$ 0. | \$ 0. | \$ 0. | \$ 0. |

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

THE FLORIDA PDMP FOUNDATION INC.

Employer identification number

27-2004435

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **1** \$5,000 or **2** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

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

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

|   |   |
|---|---|
| <b>Name of organization</b><br>THE FLORIDA PDMP FOUNDATION INC. | <b>Employer identification number</b><br>27-2004435 |
|---|---|

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 1             | HERNANDO SHERIFFS<br>-----<br>PO BOX 10070<br>-----<br>BROOKSVILLE, FL 34603<br>-----    | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | COLUMBIA COUNTY SHERIFFS<br>-----<br>4917 US 90<br>-----<br>LAKE CITY, FL 32055<br>----- | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----         | -----<br>-----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----         | -----<br>-----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----         | -----<br>-----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----         | -----<br>-----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

Employer identification number

THE FLORIDA PDMP FOUNDATION INC.

27-2004435

**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 |
|---------------------|---|--|-------------------|
|                     | N/A                                       |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |
|                     |   |  |                   |
|                     |   | \$                                       |                   |



Name of organization: THE FLORIDA PDMP FOUNDATION INC. Employer identification number: 27-2004435

**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.) ▶ \$ N/A  
Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        | N/A                    |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

THE FLORIDA PDMP FOUNDATION INC.

27-2004435

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue and Assets. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land                 |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      |                                 |                              |                |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

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

**Part IX Other Assets.**

N/A

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

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

**Part X Other Liabilities.**

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

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) WELLS FARGO CREDIT CARD   | 24.            |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) | 24.            |

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**SCHEDULE 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

THE FLORIDA PDMP FOUNDATION INC.

Employer identification number

27-2004435

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                               | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) FLORIDA DEPARTMENT OF HEALTH<br>4052 BALD CYPRESS WAY<br>TALLAHASSEE, FL 32399 |         |                               | 7,811.                   | 0.                                |   |  | DIRECT SUPPORT OF DEPARTMENT       |
| (2) -----  |         |                               |                          |                                   |   |  |                                    |
| (3) -----  |         |                               |                          |                                   |   |  |                                    |
| (4) -----  |         |                               |                          |                                   |   |  |                                    |
| (5) -----  |         |                               |                          |                                   |   |  |                                    |
| (6) -----  |         |                               |                          |                                   |   |  |                                    |
| (7) -----  |         |                               |                          |                                   |   |  |                                    |
| (8) -----  |         |                               |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table. ▶ 0

**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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

THE FLORIDA PDMP FOUNDATION INC.

Employer identification number

27-2004435

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

No review was or will be conducted.

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

No other documents available to the public.



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2015**

For calendar year 2015 or other tax year beginning 7/01, 2015, and ending 6/30, 2016

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://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

**Open to Public Inspection for 501(c)(3) Organizations Only**

Department of the Treasury  
Internal Revenue Service

|  |                             |  |  |
|--|-----------------------------|--|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | <p><b>Print or Type</b></p> | <p><input type="checkbox"/> Check box if name changed and see instructions.</p> <p><b>THE FLORIDA PDMP FOUNDATION INC.</b><br/> <b>10801 STARKEY ROAD, #104-221</b><br/> <b>SEMINOLE, FL 33777</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/><br/>27-2004435</p> <p><b>E</b> Unrelated business activity codes (See instructions.)</p> |
|--|-----------------------------|--|--|

|   |  |
|---|--|
| <p><b>C</b> Book value of all assets at end of year<br/><b>1,597,982.</b></p> | <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|---|--|

**H** Describe the organization's primary unrelated business activity.  
▶

**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 ▶ **ROBERT MACDONALD** Telephone number ▶ **850-284-4490**

| Part I Unrelated Trade or Business Income   | (A) Income | (B) Expenses | (C) Net |
|---|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales. . . . .   |            |              |         |
| <b>b</b> Less returns and allowances. . . . . <b>c</b> Balance ▶  | <b>1 c</b> |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .  | <b>2</b>   |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c. . . . .  | <b>3</b>   |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D) . . . . .  | <b>4 a</b> |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .                     | <b>4 b</b> |              |         |
| <b>c</b> Capital loss deduction for trusts. . . . .   | <b>4 c</b> |              |         |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .                | <b>5</b>   |              |         |
| <b>6</b> Rent income (Schedule C) . . . . .   | <b>6</b>   |              |         |
| <b>7</b> Unrelated debt-financed income (Schedule E) . . . . .  | <b>7</b>   |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . . | <b>8</b>   |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .          | <b>9</b>   |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I) . . . . .                                       | <b>10</b>  |              |         |
| <b>11</b> Advertising income (Schedule J) . . . . .   | <b>11</b>  |              |         |
| <b>12</b> Other income (See instructions; attach schedule) . . . . .                                    |            |              |         |
| <b>See Statement 1</b>  | <b>12</b>  |              |         |
|   |            | 1,850.       |         |
| <b>13 Total.</b> Combine lines 3 through 12. . . . .  | <b>13</b>  | 1,850.       | 1,850.  |

| 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.) |             |  |        |
|--|-------------|--|--------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .   | <b>14</b>   |  |        |
| <b>15</b> Salaries and wages . . . . .   | <b>15</b>   |  |        |
| <b>16</b> Repairs and maintenance . . . . .  | <b>16</b>   |  |        |
| <b>17</b> Bad debts . . . . .  | <b>17</b>   |  |        |
| <b>18</b> Interest (attach schedule) . . . . .   | <b>18</b>   |  |        |
| <b>19</b> Taxes and licenses . . . . .   | <b>19</b>   |  |        |
| <b>20</b> Charitable contributions (See instructions for limitation rules) . . . . .   | <b>20</b>   |  |        |
| <b>21</b> Depreciation (attach Form 4562) . . . . .  | <b>21</b>   |  |        |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .  | <b>22 a</b> |  |        |
| <b>23</b> Depletion . . . . .  | <b>23</b>   |  |        |
| <b>24</b> Contributions to deferred compensation plans . . . . .   | <b>24</b>   |  |        |
| <b>25</b> Employee benefit programs . . . . .  | <b>25</b>   |  |        |
| <b>26</b> Excess exempt expenses (Schedule I) . . . . .  | <b>26</b>   |  |        |
| <b>27</b> Excess readership costs (Schedule J) . . . . .   | <b>27</b>   |  |        |
| <b>28</b> Other deductions (attach schedule) . . . . .   | <b>28</b>   |  |        |
| <b>29 Total deductions.</b> Add lines 14 through 28. . . . .   | <b>29</b>   |  |        |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. . . . .  | <b>30</b>   |  | 1,850. |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .  | <b>31</b>   |  |        |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. . . . .  | <b>32</b>   |  | 1,850. |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .  | <b>33</b>   |  | 1,000. |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. . . . .                                  | <b>34</b>   |  | 850.   |

**Part III Tax Computation**

|   |  |
|---|--|
| <b>35 Organizations Taxable as Corporations</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:<br><b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____<br><b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____<br>(2) Additional 3% tax (not more than \$100,000) ..... \$ _____<br><b>c</b> Income tax on the amount on line 34. .... ▶ <b>35 c</b> 128. |  |
| <b>36 Trusts Taxable at Trust Rates</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... ▶ <b>36</b>  |  |
| <b>37 Proxy tax.</b> See instructions..... ▶ <b>37</b>  |  |
| <b>38 Alternative minimum tax.</b> ..... ▶ <b>38</b>  |  |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies..... ▶ <b>39</b> 128.   |  |

**Part IV Tax and Payments**

|  |  |
|--|--|
| <b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)..... <b>40 a</b>   |  |
| <b>b</b> Other credits (see instructions)..... <b>40 b</b>   |  |
| <b>c</b> General business credit. Attach Form 3800 (see instructions)..... <b>40 c</b>   |  |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)..... <b>40 d</b>   |  |
| <b>e Total credits.</b> Add lines 40a through 40d. .... <b>40 e</b> 0.   |  |
| <b>41</b> Subtract line 40e from line 39. .... <b>41</b> 128.  |  |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach schedule)..... <b>42</b> |  |
| <b>43 Total tax.</b> Add lines 41 and 42..... <b>43</b> 128.   |  |
| <b>44 a</b> Payments: A 2014 overpayment credited to 2015..... <b>44 a</b>   |  |
| <b>b</b> 2015 estimated tax payments..... <b>44 b</b>  |  |
| <b>c</b> Tax deposited with Form 8868..... <b>44 c</b>   |  |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)..... <b>44 d</b>   |  |
| <b>e</b> Backup withholding (see instructions)..... <b>44 e</b>  |  |
| <b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)..... <b>44 f</b>   |  |
| <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____<br><input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total... ▶ <b>44 g</b>  |  |
| <b>45 Total payments.</b> Add lines 44a through 44g. .... <b>45</b> 0.   |  |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. .... ▶ <input type="checkbox"/> <b>46</b>  |  |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed..... ▶ <b>47</b> 128.   |  |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... ▶ <b>48</b>  |  |
| <b>49</b> Enter the amount of line 48 you want: <b>Credited to 2016 estimated tax</b> ▶ <b>Refunded</b> ▶ <b>49</b>  |  |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|   |     |    |
|---|-----|----|
| <b>1</b> At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____ | Yes | No |
| <b>2</b> 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  |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.  |     |    |

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

|  |  |  |        |
|--|--|--|--------|
| <b>1</b> Inventory at beginning of year..... <b>1</b>                      |  | <b>6</b> Inventory at end of year..... <b>6</b>  |        |
| <b>2</b> Purchases..... <b>2</b>   |  | <b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2..... <b>7</b>                         |        |
| <b>3</b> Cost of labor..... <b>3</b>                                       |  |  |        |
| <b>4 a</b> Additional section 263A costs (attach schedule)..... <b>4 a</b> |  |  |        |
| <b>b</b> Other costs (attach sch.)..... <b>4 b</b>                         |  |  |        |
| <b>5 Total.</b> Add lines 1 through 4b..... <b>5</b>                       |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... | 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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **President** 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: **George Ponczek** Preparer's signature: **George Ponczek** Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00366523**

Firm's name ▶ **George R. Ponczek, C.P.A., PA** Firm's EIN ▶ **65-0963657**

Firm's address ▶ **7000 West Palmetto Park Rd., Ste 220 Boca Raton, FL 33433** Phone no. **(561) 477-2880**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

| 1 Description of property   |   | 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) |   |
| (1)   |   |                            |     |   |
| (2)   |   |                            |     |   |
| (3)   |   |                            |     |   |
| (4)   |   |                            |     |   |
| Total   |   | Total                      |     | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).                   |
|   |   |                            |     |   |

**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 |  | 7 Gross income reportable (column 2 x column 6)       | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|--|--|---|--|---|--|
|  |  | (a) Straight line depreciation (attach sch)                                 | (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  |  |   |  |
| (1)  |  | %   |  |   |  |
| (2)  |  | %   |  |   |  |
| (3)  |  | %   |  |   |  |
| (4)  |  | %   |  |   |  |
| Totals   |  | Enter here and on page 1, Part I, line 7, column (A).                       |  | Enter here and on page 1, Part I, line 7, column (B). |  |
| Total dividends-received deductions included in column 8   |  |   |  |   |  |

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1 Name of controlled organization  | 2 Employer identification number | Exempt Controlled Organizations                  |  |  |   | 6 Deductions directly connected with income in column 5   |
|------------------------------------|----------------------------------|--|--|--|---|---|
|                                    |                                  | 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 |   |   |
| (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)                                |                                  |  |  |  |   |   |
| Totals                             |                                  |  |  | 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).         |   |

**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 (column 3 plus column 4) |
|-------------------------|---|---|--------------------------------|--|
| (1)                     |   |   |                                |  |
| (2)                     |   |   |                                |  |
| (3)                     |   |   |                                |  |
| (4)                     |   |   |                                |  |
| <b>Totals</b> .....     | Enter here and on page 1, Part I, line 9, column (A). |   |                                | Enter here and on page 1, Part I, line 9, column (B).      |

**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 columns 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)                                 |  |  |   |  |                                     |   |
| <b>Totals</b> .....                 | Enter here and on page 1, Part I, line 10, column (A).   | Enter here and on page 1, Part I, line 10, column (B).                     |   |  |                                     | Enter here and on page 1, Part II, line 26.                                     |

**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 col 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (col 6 minus col 5, but not more than col 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|---|
| (1)  |                            |                            |   |                      |                    |   |
| (2)  |                            |                            |   |                      |                    |   |
| (3)  |                            |                            |   |                      |                    |   |
| (4)  |                            |                            |   |                      |                    |   |
| <b>Totals</b> (carry to Part II, line (5)) ..... |                            |                            |   |                      |                    |   |

**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 (col 6 minus col 5, but not more than col 4). |
|--|--|--|--|----------------------|--------------------|---|
| (1)                                      |  |  |  |                      |                    |   |
| (2)                                      |  |  |  |                      |                    |   |
| (3)                                      |  |  |  |                      |                    |   |
| (4)                                      |  |  |  |                      |                    |   |
| <b>Totals from Part I</b> ▶              |  |  |  |                      |                    |   |
| <b>Totals, Part II</b> (lines 1-5) ..... | Enter here and on page 1, Part I, line 11, column (A). | Enter here and on page 1, Part I, line 11, column (B). |  |                      |                    | Enter here and on page 1, Part II, line 27.                             |

**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 |
|--|---------|---------------------------------------|---|
|  |         | %                                     |   |
|  |         | %                                     |   |
|  |         | %                                     |   |
|  |         | %                                     |   |
| <b>Total.</b> Enter here and on page 1, Part II, line 14. .... |         |                                       |   |

**Statement 1**  
**Form 990-T, Part I, Line 12**  
**Other Income**

|                               |          |               |
|-------------------------------|----------|---------------|
| CREDIT CARD CASH REWARDS..... | \$       | 111.          |
| Other Investment Income.....  |          | 1,739.        |
|                               | Total \$ | <u>1,850.</u> |