



**PARKS AND RECREATION ADVISORY BOARD AGENDA
SESSION OF THE PARKS AND RECREATION BOARD TO BE HELD AT
CITY OF KISSIMMEE
CITY HALL, COMMISSION CHAMBERS
101 CHURCH STREET, KISSIMMEE, FLORIDA 34741-5054
WEDNESDAY, JUNE 9, 2021
6:00 PM**

1. MEETING CALLED TO ORDER

"As a courtesy to others, please silence all electronic devices during the meeting."

"Citizens desiring to speak under Hear Audience shall submit a request form for the City Clerk prior to the meeting. Forms are available at the door or from the City Clerk."

2. MINUTES

2.A PARKS AND RECREATION BOARD MINUTES APPROVAL

Approve meeting minutes of Parks and Recreation Advisory Board from the April 14, 2021 meeting.

3. HEAR AUDIENCE

"ANYTHING REQUIRING A VOTE WILL BE HEARD AT A LATER TIME"

4. DISCUSSION

5. NEW BUSINESS

5.A PARKS AND RECREATION ADVISORY BOARD MEMBER UPDATE

5.B COMMUNITY BENEFIT FUND APPLICATIONS

We had three application submissions for the Community Benefit Fund.

9th Annual Tara R. Jacobs Brown Scholarship Foundation

This benefit is to raise funds for need/merit based college scholarships for deserving graduating high school seniors from Kissimmee/Osceola County. The donation would be used solely for the scholarship award.

6th Annual FORD Cuban Sandwich Festival of Kissimmee & Orlando

This festival will crown THE BEST traditional and non-traditional Cuban Sandwiches in Kissimmee/Orlando. In addition, there will be an attempt to construct the world's largest Cuban sandwich which at the conclusion of the event will go to feed the areas homeless. The donation would be used to cover event expenses.

UCP Charter School - Education Interactive Playground Renovations

The Parent Teacher Organization (PTO) of UCP Charter School is seeking financial donations to renovate the school playground by purchasing a shade canopy, rubber mulch and interactive sensory play elements.

5.C FEE WAIVER GRANTS

Fee Waiver Grant Applications. The board will review, discuss and score each application to be recorded for final grant determination.

Viva Osceola

By Their Fruits Gala

YouthFit

Masquerade Ball

Boo on Broadway

Orlando Japan Festival

NCCAA DII Women's Volleyball

Hispanic Chamber Expo

5.D DEPARTMENT LEADERSHIP UPDATES

Steve Lackey appointed Parks and Recreation Director effective April 28th.

The Parks and Recreation Assistant Director position is currently posted for applications.

Kaia Greene, Events and Venues Manager has resigned effective June 9th, her position is currently posted for applications.

5.E UPCOMING EVENTS

Juneteenth Celebration - June 19, 2021

Monumental 4th of July - July 4, 2021

Cuban Sandwich Festival - August 21, 2021

6. HEAR CHAIRMAN AND BOARD MEMBERS

7. ADJOURNMENT

7.A NEXT MEETING - AUGUST 11, 2021

IN ACCORDANCE WITH FLORIDA STATUTES 286.0105: ANY PERSON WISHING TO APPEAL ANY DECISION MADE BY THE CITY COMMISSION WITH RESPECT TO ANY MATTER CONSIDERED AT SUCH MEETING OR HEARING WILL NEED TO ENSURE THAT VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS MADE.

IN ACCORDANCE WITH FLORIDA STATUTE 286.26, PERSONS NEEDING ASSISTANCE TO PARTICIPATE IN ANY OF THESE PROCEEDINGS SHOULD CONTACT THE OFFICE OF THE CITY CLERK AT 407-518-2308 OR VIA EMAIL AT CITYCLERKEMAIL@KISSIMMEE.ORG, PRIOR TO THE MEETING (FS 286.26).



**MINUTES OF THE PARKS AND RECREATION ADVISORY BOARD
HELD Wednesday, April 14, 2021, AT 6:00 PM AT THE CITY OF
KISSIMMEE, CITY HALL COMMISSION CHAMBERS LOCATED AT
101 CHURCH STREET, KISSIMMEE, FLORIDA**

1. MEETING CALLED TO ORDER

Members Present: Chair Edward Kilroy, Hannan Khan, Hendrith Smith, Roy Oddo, Guillermo Hansen, Albert Dorsey

Staff Present: Acting Director Steve Lackey, Office Manager Andrea Campbell

Members Absent: Christopher May and Robin Wright

Chair Edward Kilroy called the meeting to order at 6:06pm.

2. MINUTES

2.A PARKS AND RECREATION BOARD MINUTES APPROVAL

Albert Dorsey made a motion to accept the meeting minutes from the October 14, 2020 meeting as is. Guillermo Hanson seconded the motion.

AYE: Chair Edward Kilroy, Hannan Khan, Hendrith Smith, Roy Oddo, Guillermo Hansen, Albert Dorsey

NAY: None

Motion 6 - 0.

3. HEAR AUDIENCE

"ANYTHING REQUIRING A VOTE WILL BE HEARD AT A LATER TIME"

No one was present for hear the audience.

4. DISCUSSION

5. NEW BUSINESS

5.A COMMUNITY BENEFIT FUND

Acting Director Steve Lackey gave a review of what the Community Benefit Fund was established to do and that there was one applicant that the Parks and Recreation Board was asked to review prior to the meeting. The applicant was the Osceola County Boy Scout Golden Eagle Event. This fundraising event assists scout participants with financial obstacles to join scouting and other participating opportunities as a scout. The applicant is eligible for the \$2,500 request per the requirements. There was a discussion between board members on the great things this

applicant brings to the community.

Roy Oddo made a motion to grant the applicant the requested \$2,500. Hannan Khan seconded the motion.

AYE: Chair Edward Kilroy, Hannan Khan, Hendrith Smith, Roy Oddo, Guillermo Hansen, Albert Dorsey

NAY: None

Motion 6 - 0.

5.B PROJECT UPDATES

Acting Director Steve Lackey gave an update on the Berlinsky Community House and its structural issues causing it to be closed until construction can be done. The City is working on grant funding to assist with the funding of the construction of a new structure which will be a replica of the current facility.

He also gave an update on the Lancaster Ranch Park project. A basic overview of the layout and that it will be a phased construction project with grant funding assistance.

5.C RE-OPENING PLAN AND UPCOMING PROGRAMS/EVENTS

Acting Director Steve Lackey gave a brief update on what the City of Kissimmee is doing to reopen. Summer camps are geared up for registration and staffing, the Aquatic Center will open to the public on May 29th with a movie, the Events division will open with two small test events in May (Art Festival) and June (Juneteenth) prior to the Monumental July 4th event.

5.D FEE WAIVER APPLICATION PROCESS

The next Parks and Recreation Advisory Board meeting will be June 9th and will be a Fee Waiver Review/Scoring meeting for Period I applications.

6. HEAR CHAIRMAN AND BOARD MEMBERS

Multiple board members raved about the park staff and how professional and courteous they are. Kind words were shared regarding the passing of previous board member Richard Jennings.

7. ADJOURNMENT

There being no further business to come before the Parks and Recreation Board, Chair Edward Kilroy adjourned the meeting at 7:17 PM.

4/14/2021

Board Chair

ATTEST:

Board Secretary

ITEM 5.A

PARKS AND RECREATION ADVISORY BOARD MEMBER UPDATE

Item Details

Attachment(s):

1. PARAB Brunilda _Vanessa_ Alvarez Appointed 2021 (6-01-2021)



CITY OF KISSIMMEE

Office of the City Manager

101 Church Street . Kissimmee, Florida 34741-5054 . Phone 407-518-2300 . FAX 407-846-8369

June 3, 2021

Mrs. Brunilda Alvarez
712 West Columbia Avenue
Kissimmee, FL 34741

Dear Mrs. Alvarez:

On behalf of all citizens of the City of Kissimmee, congratulations on your appointment to the Parks and Recreation Advisory Board, term ending May 31, 2024. Thank you for volunteering your time and talents to this vital community endeavor.

Our government enjoys a reputation for high caliber professional management. Citizen volunteers such as you make important contributions to Kissimmee's government and the community. You have joined our citizen volunteers who serve on boards, committees, commissions, and special task forces to provide the Mayor and Commissioners with sources of informed opinion and public participation in the shaping of policies and programs. This partnership between the residents and city government is one of Kissimmee's strongest assets.

Steve Lackey, Director of the Parks and Recreation Department will serve as your primary contact with City Hall. He will be contacting you and should be able to answer most questions or address any concerns you may have. As a committee member, you are also encouraged to contact the Mayor and Commissioners at any time with specific concerns, issues, or questions.

Again, thank you for your willingness to serve. It is our hope that your experience on this committee will be both interesting and productive. We look forward to working with you.

Very truly yours,

Mike Steigerwald
City Manager

MS/lh PARAB-BrunildaAlvarez.Appointed.2021.ltr

cc: Steve Lackey, Parks and Recreation Director

Appointed PARAB
5/18/2021

Linda Hansell

From: notifications@zohoforms.com
Sent: Monday, May 31, 2021 4:43 PM
To: CITY CLERK; Melissa ZayasMoreno
Subject: Advisory Board Application: Brunilda Alvarez
Attachments: pdf-6.pdf; AdvisoryBoardMemberApplication.pdf

EXTERNAL EMAIL: This email originated from outside of the organization. DO NOT REPLY, CLICK LINKS, or OPEN ATTACHMENTS unless you recognize the sender and know the content is safe

A new advisory board application for Brunilda Alvarez has been submitted. The application has requested to serve on the following boards: (1) Parks & Recreation Advisory Board and (2) Parks & Recreation Advisory Board.

Vanessa

Name	: Brunilda, Alvarez
Address	: 712 west Columbia ave, Kissimmee, FL, 34741, United States
Phone	: 4074606221
Alternate Phone	:
Email	: bbrunie1@yahoo.com
Name of Employer	: Walmart
Employer City	: KISSIMMEE
Business Phone	: 407-397-7000
Please select an alternate advisory board you wish to serve on.	: Parks & Recreation Advisory Board
Please select the primary advisory board you wish to serve on.	: Parks & Recreation Advisory Board
Are you a resident of the City of Kissimmee?	: Yes, I am a resident.
Do you own or operate a business in the City of Kissimmee?	: No, I do not own or operate a business in Kissimmee.
Please list any community activities, including organizations for which you have volunteered or any boards you have served on.	: Changing Rooms Miles of Help Through Christ Changing Rooms Church and Community
Do you have any special skills or certifications?	: Knowledge of Commercial Cleaning machines Bilingual-English and Spanish
Are you a member of any of the following minority groups?	: None of the above
Are you physically disabled?	: No, I am not physically disabled.
Please attach your resume or proof of qualification and/or licenses.	: pdf-6.pdf

Brunilda Alvarez

Kissimmee, FL 34741

bbrunie1@yahoo.com

4074606221

Maintenance Supervisor Custodian janitor Cashier Groundskeeper

Authorized to work in the US for any employer

Work Experience

Maintenance /cashier

Walmart - Kissimmee, FL

July 2019 to Present

I am a extremely customer orientated individual. Im extremely detailed and focus on all my job duties and responsibility while working and I can solve and desolate problems by myself without needing supervision.

Education

High school or equivalent

Skills

- Customer Service (10+ years)
- Crew Member (10+ years)
- Food Service (10+ years)
- Maintenance (10+ years)
- Property Maintenance (10+ years)
- Custodial Experience (10+ years)
- Groundskeeping (10+ years)
- Packaging (10+ years)
- Cleaning Experience (10+ years)
- Food Preparation (10+ years)
- Laundry
- Landscape Maintenance
- Cleaning

City of Kissimmee Advisory Board Member Application

Name *

Brunilda

First

Alvarez

Last

Address *

712 west Columbia ave

Street Address

Kissimmee

City

FL

State/Region/Province

34741

Postal / Zip Code

United States

Country

Phone *

4074606221

Alternate Phone

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Email *

bbrunie1@yahoo.com

Name of Employer *

Walmart

Employer City

KISSIMMEE

Business Phone

407-397-7000

Please select an alternate advisory board you wish to serve on. *

Parks & Recreation Advisory Board

Please select the primary advisory board you wish to serve on. *

Parks & Recreation Advisory Board

City of Kissimmee Advisory Board Member Application

Are you a resident of the City of Kissimmee? *

- ☒ Yes, I am a resident.
- ☐ No, I am not a resident.

Do you own or operate a business in the City of Kissimmee? *

- ☐ Yes, I own or operate a business in Kissimmee.
- ☒ No, I do not own or operate a business in Kissimmee.

Please list any community activities, including organizations for which you have volunteered or any boards you have served on.

Changing Rooms
Miles of Help Through Christ
Changing Rooms
Church and Community

Do you have any special skills or certifications?

Knowledge of Commercial Cleaning machines
Bilingual-English and Spanish

Examples: Engineer, Contractor, Teacher, Historian, Tradesman, etc.

Are you a member of any of the following minority groups? *

- ☐ African American
- ☐ Asian American
- ☐ Hispanic American
- ☐ Native American
- ☐ American Woman
- ☒ None of the above

Florida Statute encourages the diversification of various advisory boards and committees pursuant to Florida Statute 760.80. This chapter also requires annual reporting of the demographics of each advisory board or committee of the City.

Are you physically disabled?

- ☐ Yes, I am physically disabled.
- ☒ No, I am not physically disabled.

Florida Statutes requires the reporting under Chapter 780.80 of advisory board or committee members who are physically disabled.

Please attach your resume or proof of qualification and/or licenses.

 pdf-6.pdf

ITEM 5.B

COMMUNITY BENEFIT FUND APPLICATIONS

Item Details

We had three application submissions for the Community Benefit Fund.

9th Annual Tara R. Jacobs Brown Scholarship Foundation

This benefit is to raise funds for need/merit based college scholarships for deserving graduating high school seniors from Kissimmee/Osceola County. The donation would be used solely for the scholarship award.

6th Annual FORD Cuban Sandwich Festival of Kissimmee & Orlando

This festival will crown THE BEST traditional and non-traditional Cuban Sandwiches in in Kissimmee/Orlando. In addition, there will be an attempt to construct the world's largest Cuban sandwich which at the conclusion of the event will go to feed the areas homeless. The donation would be used to cover event expenses.

UCP Charter School - Education Interactive Playground Renovations

The Parent Teacher Organization (PTO) of UCP Charter School is seeking financial donations to renovate the school playground by purchasing a shade canopy, rubber mulch and interactive sensory play elements.

Attachment(s):

1. 9th Annual Tara R. Jacobs Brown Scholarship Foundation
2. 6th Annual FORD Cuban Sandwich Festival
3. UCP of Central Florida

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

24-Jul-2021

dd-MMM-yyyy

Event Name *

The 9th annual Tara R. Jacobs Brown scholarship foundation Inc, fundraising benefit

Event Address *

1901 Chief Osceola Trail

Street Address

Kissimmee

City

FL

State/Region/Province

34744

Postal / Zip Code

Requestor's Information

Name *

Jlm

First

Jacobs

Last

Phone Number *

4074796635

Address *

5215 Flying Eagle Lane

Street Address

Kissimmee

City

FL

State/Region/Province

34746

Postal / Zip Code

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Email

jerryone@aol.com

Community Benefit Funds Application

City of Kissimmee, FL

Eligibility *

- ☐ Individual
- ☒ Organization

In addition to an application, organizations must also submit:

- A copy of the organization's 501(c) notification letter; and
- A copy of a current Form 990, if the organization is required to file such; and
- A copy of the organization's most recent completed audit; and
- A copy of the organization's most recent annual budget.

501(c) Certification/Notification

 FEDERAL.pdf

Form 990 (If Organization is Required to File)

 SCAN0001.PDF

Last Completed Audit

 SCAN0002.PDF

Annual Budget

 SCAN0003.PDF

Type of Request *

- ☒ Donation
- ☐ Sponsorship

Total amount to be raised/fundraising goal for your event? *

10,000.00

USD

Amount Requested from Community Benefit Fund *

2,000.00

USD

General Information

Name of School Represented

Community Benefit Funds Application

City of Kissimmee, FL

Contact for Event Sponsor or School Representative

First

Last

Phone Number for Event/School Representative

Event/Competition's Website

Have you participated in this event in the past? *

☒ Yes

☐ No

Donation / Sponsorship Description

1. Briefly describe the nature of the event and the process to participate. If the request is for a donation, what will the funds be used towards? *

the benefit is to raise funds for need/merit base scholarship for deserving graduating high school seniors for college. This is a community event open to the public , your donation be use to help pay for scholarships.

2. Are any other fundraisers planned to raise money for the event or for your participation in the event? *

NO

3. Have you secured funding or funding commitments from any other governmental entity? If yes, please provide the name(s) of the entity(ies). *

No

Community Impact

Describe the impact this event will have on the quality of life and/or community pride for residents in the City of Kissimmee. *

The benefit offer volunteer hours for local students, national artist coming to sing in city venue .

Community Benefit Funds Application

City of Kissimmee, FL

Has this event ever received a donation or sponsorship from the Community Benefit Fund? *

☐ Yes

☒ No

Terms and Conditions *

Funding Availability

Funds for the Community Benefit program are provided on an annual basis from the City Commission Contingency Fund. Requests through this process are limited to an annual request of \$2,500.00 and must go towards an awareness event, fundraising activity or school related competition.

Organizations currently funded through the Social Services or Quality of Life Competitive Funding Process, the Special Events Fee Waiver Program, the Law Enforcement Trust Fund or any entitlement programs funded through the City do not qualify for Community Benefit funds.

Eligibility

Organizations:

Be a non-profit organization with Articles of Incorporation filed with the Florida Department of State, and

Be in existence and operating within the State of Florida for at least twelve (12) month prior to the date of application to the City for a donation, and

In addition to their application, submit: (1) a copy of their 501(c)3, or 501(c)4 notification letter. (Consideration will be given to tax exempt organizations raising funds dedicated to a specific 501(c)3 activity); (2) a copy of their current Form 990 (if your organization is required to file this document); (3) a copy of their last completed audit; and (4) an annual budget, and

Must provide a service, program, or event that demonstrates a local and positive impact to the City of Kissimmee and/or the residents of Kissimmee.

Individuals: When a requester is an individual, the individual shall:

Be a resident of the City of Kissimmee or Osceola County.

NOTE: All requests for financial support associated with a school-based program shall be paid directly to the sponsoring entity.

Program Restrictions

The following restrictions for funding shall apply to awards for any program, activity, person, or organization:

Funds will be available on a first come, first served basis and based on the availability of funds at the time of the application.

Requests for funds to support events hosted in any City of Kissimmee owned and/or operated facility or venue are not eligible for funding through the Community Benefit Fund. Requests must be submitted through the City of Kissimmee Fee Waiver Grant Program.

Funds cannot be used for or to promote a commercial business or private enterprise, personal gain or to promote political parties, political activities or political advocacy groups.

Funds cannot be used to promote the sale or consumption of tobacco products, illegal drugs, gambling, erotic materials or services.

Organizations that discriminate based on age, race, sex, sexual orientation, marital status, disability or national origin are not eligible for funds.

Funds cannot be used for the purposes of supporting a private foundation or charity that benefits one individual.

A nonprofit currently receiving funding through a separate grant or fund from the City of Kissimmee are ineligible for funding through the Community Benefit Fund sponsorship and donation grant process.

Final Reporting Requirements

All recipients will be required to submit a final report outlining the results of the event and the impact of the city's funds towards the event, cause or competition.

All applicants that receive funds in any amount must utilize the City seal/logo on all marketing, promotional and advertising materials including but not limited to print media, radio, television, website and social media depicting the City of Kissimmee's support.

Failure to adhere to the requirements contained within this section or set forth as a contingency for funding, shall result in disqualification the requestor from future funding through this program.

☒ I accept the Terms and Conditions.

NOV-21-2013 13:45

IRS

513 263 3695 P.03

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

DEPARTMENT OF THE TREASURY

Date: NOV 19 2013

TARA R JACOBS BROWN SCHOLARSHIP
FOUNDATION INC
5215 FLYING EAGLE LN
KISSIMMEE, FL 34746

Employer Identification Number:
46-1276614
DLN:
27053115348043
Contact Person:
SHEILA M ROBINSON ID# 31220
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b) (1) (A) (vi)
Form 990 Required:
Yes
Effective Date of Exemption:
October 30, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

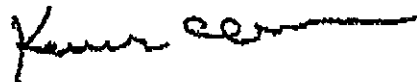
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

11/21/2013 12:40PM (GMT-06:00)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable:

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

C Name of organization Tara R. Jacobs Brown Scholarship Foundation, Inc

Doing business as

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

5215 Flying Eagle Lane

Room/suite

City or town

Kissimmee

State

FL

ZIP code

34746

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

46-1276614

E Telephone number

(407) 479-6635

G Gross receipts \$ 14,387

F Name and address of principal officer:

Jim Jacobs 5215 Flying Eagle Lane, Kissimmee, FL 34746

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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 ☐ 527J Website: <https://tjbsf.org/>

H(c) Group exemption number ▶

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

L Year of formation: 2013

M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Awards need/merit base graduating High School seniors with scholarships for college in the name of Fallen Hero Master Sergeant Tara R. Jacobs Brown			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	7	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	6,950	3,990	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	6,329	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,950	10,319	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000	2,000
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,743	2,560	
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,743	4,560	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,207	5,759	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	10,395	17,706	
	22	Net assets or fund balances. Subtract line 21 from line 20	0	0	
			10,395	17,706	

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Richard M Oehler

Preparer's signature

Richard M Oehler

Date

2/19/2021

Check ☐ if self-employed

PTIN

P00991877

Firm's name ▶ Gina Byrd CPA PA

Firm's EIN ▶ 20-4028682

Firm's address ▶ 7 N Vernon Ave, Kissimmee, FL 34741

Phone no. (407) 624-4662

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

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:

Awards need/merit base graduating High School seniors with scholarships for college in the name of Fallen Hero Master Sergeant Tara R. Jacobs Brown

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,000 including grants of \$) (Revenue \$)

One student from Deltona High School was awarded a \$1000 scholarship on virtual Senior Award Night on July 11, 2020

4b (Code:) (Expenses \$ 1,000 including grants of \$) (Revenue \$)

A Jones High Senior was awarded a \$1000 scholarship for college on September 5, 2020 at Osceola Heritage Park in Kissimmee, FL at the 8th annual Tara R. Jacobs Brown Foundation Benefit Dinner

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

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **2,000**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

Jim Jacobs

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bradford Gonzalez Boardmember	10.00 0.00	X		X				0	0	0
(2) Takeia Dixon Trustee	2.00 0.00	X						0	0	0
(3) Jim Jacobs Executive Director	25.00 0.00			X				0	0	0
(4) Msgt. Sonya Burton Vice President	10.00 0.00			X				0	0	0
(5) Major Pamela Jesson Vice President	2.00 0.00			X				0	0	0
(6) Lt.Col. Sara Jane Stenton Boardmember	4.00 0.00			X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b	Subtotal	0	0	0
c	Total from continuation sheets to Part VII, Section A	0	0	0
d	Total (add lines 1b and 1c)	0	0	0

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	616			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	190			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,184			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 190			
	h	Total. Add lines 1a-1f		3,990			
	Business Code						
Program Service Revenue	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, interest, and other similar amounts)		0			
4	Income from investment of tax-exempt bond proceeds		0				
5	Royalties		0				
Other Revenue	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses			0	0	
	c	Gain or (loss)			0	0	
	d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			10,397		
	b	Less: direct expenses			4,068		
	c	Net income or (loss) from fundraising events			6,329		
	9a	Gross income from gaming activities. See Part IV, line 19			0		
	b	Less: direct expenses			0		
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances			0		
	b	Less: cost of goods sold			0		
	c	Net income or (loss) from sales of inventory			0		
	Miscellaneous Revenue	11a		Business Code			
b					0		
c					0		
d		All other revenue			0		
e		Total. Add lines 11a-11d			0		
12		Total revenue. See instructions			10,319	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	300			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	172			
13	Office expenses	644			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Memberships and Dues	655			
b	Telephone and Utilities	569			
c	PO Box	159			
d	State Franchise Fee	61			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	4,560	2,000	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,395	1	16,154
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	1,552
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,395	16	17,706	
Liabilities	17 Accounts payable and accrued expenses	0	17	
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,395	27	17,706
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances.	10,395	32	17,706
33 Total liabilities and net assets/fund balances.	10,395	33	17,706	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,319
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,560
3	Revenue less expenses. Subtract line 2 from line 1	3	5,759
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,395
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,552
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,706

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Tara R. Jacobs Brown Scholarship Foundation, Inc

Employer identification number

46-1276614

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					10,319	10,319
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	10,319	10,319
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						10,319

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	0	0	0	0	10,319	10,319
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	10,319	10,319
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		0
10	Line 8 amount divided by line 9 amount		0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2016 0			
b	Excess from 2017 0			
c	Excess from 2018 0			
d	Excess from 2019 0			
e	Excess from 2020 0			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Tara R. Jacobs Brown Scholarship Foundation, Inc

Employer identification number

46-1276614

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☐ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts			0	0
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)			0	0
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses			0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(0)
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	1 Gross revenue				0
	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Tara R. Jacobs Brown Scholarship Foundation, Inc

Employer identification number

46-1276614

Form 990, Part I, Line 1: Today, the Tara Jacobs Brown Scholarship Foundation grants

scholarships for higher education based on need and merit to deserving high school graduating

seniors. Candidates must complete a TJBSF application and have at least a 3.0 GPA. Qualifying

students must also exhibit a love for community through community service, submit a

well-written essay, and have proof of admission to an accredited college or university.

It is

the goal of the foundation to grant scholarships of at least \$1,000 to ten deserving high

school students in the state of Florida each year. The TJBSF scholarships are granted to

students who continually strive to improve themselves through education and have a passion for

service and making a difference in the world.

The Future

Foundation expects to expand its scholarship base from the state of Florida to the continental

United States and even abroad to places like Afghanistan. The TJBSF will also expand its

student base to include students who are already enrolled in an accredited college or

university and to students currently serving in the U.S. military.

Employer identification number

46-1276614

Accounting and Tax Full-Service Center, Inc.

4300 Hector Ct. Unit #2

Orlando, Florida 32822

Ph (407) 592-1541 Fax (321) 206-1961

jr@accountingandtaxcenter.awsapps.com

January 30, 2020

To the Board of Directors

Tara R. Jacobs Brown Scholarship Foundation, Inc

5215 Flying Eagle Lane

Kissimmee, Florida 34746

We have compiled the accompanying unaudited Statement of Financial Position and the Statement of Activities for ***Tara R. Jacobs Brown Scholarship Foundation, Inc.*** as of **December 31, 2019**. The Financial Statements have been prepared on the accounting basis used by the company for income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles (GAAP).

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance that the Financial Statements are in accordance with a financial reporting framework.

We did not audit or review the Financial Statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management.

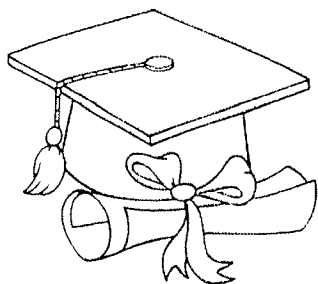
Management has elected to omit substantially all the disclosures and footnotes required by generally accepted accounting principles and the statement of cash flow for the period ended. If the omitted disclosures/footnotes were included in the Financial Statements, they might influence the user's conclusion about the entity's financial position, results of operation, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

Johanna Rivera

Accountant, CPA Candidate

Tara R. Jacobs Brown Scholarship Foundation, Inc.
Statement of Activities (Unaudited)
January through December 2019

	<u>Jan - Dec 19</u>
REVENUES	
Special Fundraising Events	12,946.33 ✓
Total Income	<u>\$ 12,946.33</u>
EXPENSES	
Business Expense Reimbursement	487.00
Business Expenses	
Business Registration Fees	61.25
Total Business Expenses	<u>61.25</u>
Contract Services	
Accounting Fees	200.00
Consulting Fees	495.00
Total Contract Services	<u>695.00</u>
Donations	
Scholarships	4,000.00
Total Donations	<u>4,000.00</u>
Fundraising Event Expenses	2,931.72 ✓
Office Supplies	271.46
Operations	
Advertising & Promotion	1,104.95
Merchant Fees	12.01
Postage, Mailing Service	156.00
Total Operations	<u>1,272.96</u>
Total Expenses	<u>\$ 9,719.39</u>
CHANGE IN NET ASSETS	<u>\$ 3,226.94</u>
NET ASSETS, BEGINNING OF YEAR	<u>\$ 7,373.85</u>
NET ASSETS, END OF YEAR	<u><u>\$ 10,600.79</u></u>



**Tara R. Jacobs Brown ©
Scholarship Foundation, INC**

P.O. Box 22372 Lake Buena Vista, FL 32830

(407) 479-6635

TJBSF.ORG



Budget for the 9th Annual Tara R. Jacobs Brown scholarship Benefit 2021

Total Project/Program amount:\$11,400

Expense: Student Scholarships \$5,000

Expense : Travel for Singer \$4,200

Expense : Food for event \$2,200

Revenues

Contributors

1.Osceola Hertige Park room donation \$900

2.Disney Ears to you grant \$2,000

3.Publix foundation gift cards \$100

4. in-kind donations so far value at \$2,035

Also selling sponsorships packages

Tara R. Jacobs Brown Scholarship Foundation

2021 Fundraising Benefit



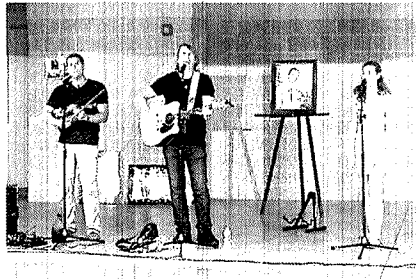
CALL FOR SPONSORS

On April 27, 2011,
Master Sergeant Tara J.
Brown and eight of her
brothers in arms were
unexpectedly killed in
action in a surprise attack
at NATO Training
Command in Afghanistan.

Tara was very highly
regarded as a brilliant,
hard-working, and loving,
by all who knew her.
While in full time service,
she also studied to earn
two degrees, organized
social activities,
constantly motivated
others and was always
one of the first to
volunteer for assignments.

Tara's legacy is carried on
by this foundation's
fundraising efforts to
award need/merit
graduating high school
seniors with scholarships
in Tara J. Brown's name.

All give some, but Tara
gave ALL, on behalf of
every one of *us* in the
United States of America.
We will never forget.



The benefit will be held on
Saturday, July 24, 2021

Featuring a live free concert by
Rockie Lynne

There will be numerous of
Great prizes, drawings and Silent
auction at the

Osceola Heritage Park

1901 Chief Osceola Trail
Kissimmee, FL 34744

ROCKIE LYNNE

Is a veteran of the United States
Army. Rockie served for three
years in the 82nd Airborne
At Fort Bragg North Carolina.
After leaving the military, he start-
ed performing and
quickly earned and enthusiastic
following for his crowd-pleasing
live shows and his
chops as a lead guitarist, eventual-
ly landing a recording contract
with Universal Records.

His debut single, "Lipstick,"
spent an impressive 10 consecu-
tive weeks in the #1 slot on
Billboard's Country Singles Sales
chart.

Official Website:
www.rockielynne.com

SPONSORSHIP PACKAGES

Gold Sponsor (\$500)
Business recognition from
the stage and VIP Tables
for eighteen guest.

Silver Sponsor (\$350)
Business recognition
at the event and
VIP table for ten guest.

Bronze Sponsor (\$150)
Anonymous donation

To reserve your
sponsorship now,

Contact Person
Jim Jacobs

407-479-6635

jj33961@gmail.com

or visit the website at

TJBSF.org



Tara R Jacobs Brown Scholarship
Foundation Inc. is a 501C(3) non-profit
organization. All sponsorship donations
are tax exempt charitable contributions.

TJBSF.org

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

21-Aug-2021

dd-MMM-yyyy

Event Name *

6th Annual FORD Cuban Sandwich Festival of Kissimmee & Orlando

Event Address *

Kissimmee Lakefront Park

Street Address

201 Lakeview Drive

City

Kissimmee, FL

State/Region/Province

34741

Postal / Zip Code

Requestor's Information

Name *

Yolanda G.

First

Padilla

Last

Phone Number *

(813) 407-6866

Address *

14391 Spring Hill Dr Suite 417;

Street Address

Spring Hill

City

Florida

State/Region/Province

34609

Postal / Zip Code

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Email

Jolie@hrfcc.org

Community Benefit Funds Application

City of Kissimmee, FL

Eligibility *

- ☐ Individual
- ☒ Organization

In addition to an application, organizations must also submit:

- A copy of the organization's 501(c) notification letter; and
- A copy of a current Form 990, if the organization is required to file such; and
- A copy of the organization's most recent completed audit; and
- A copy of the organization's most recent annual budget.

501(c) Certification/Notification

 HRFCC_Tax_Exemption.PDF

Form 990 (If Organization is Required to File)

 HRFCC_990_Form.pdf

Last Completed Audit

 HRFCC_990_Form.pdf

Annual Budget

 6th_Annual_FORD_Cuban_Sandwich_Festival_Budget_Kis.pdf

Type of Request *

- ☐ Donation
- ☒ Sponsorship

Total amount to be raised/fundraising goal for your event? *

10,000.00 USD

Amount Requested from Community Benefit Fund *

2,500.00 USD

General Information

Name of School Represented

NA

Community Benefit Funds Application

City of Kissimmee, FL

Contact for Event Sponsor or School Representative

First

Last

Phone Number for Event/School Representative

(813) 407-6866

Event/Competition's Website

www.CubanSandwichFestival.com

Have you participated in this event in the past? *

☒ Yes

☐ No

Donation / Sponsorship Description

1. Briefly describe the nature of the event and the process to participate. If the request is for a donation, what will the funds be used towards? *

6th Annual FORD Cuban Sandwich Festival of Central Florida. The Cuban Sandwich Festival is an exciting festival and contest to find THE BEST Traditional and non-traditional Cuban Sandwiches in the world! The event is free to attend and we request for people to bring your lawn chair and enjoy LIVE Music and dance performances PLUS the BEST Cuban Sandwiches in Kissimmee and Orlando, Florida!

50+ Food, Cultural and Business Vendors! Watch as we attempt to make the Biggest Cuban Sandwich in the World - GOAL is 210 FEET! THIS SANDWICH WILL BE DONATED TO HOMELESS SHELTER TO FEED THE HOMELESS. The Sandwich will feed over 500 homeless people and will break the world record that is currently held by Tampa, Florida.

Enjoy the best Cuban Sandwiches in Central Florida and see who will go on to COMPETE in the 10th Annual Intl Cuban Sandwich

Festival: The Big Day - Smackdown Sunday @ Centennial Park in Ybor City - General Admission(Tampa) / World Cuban Sandwich

Smackdown scheduled in Tampa for Sunday, Sept 5th, 2021 @ Ybor City!

The donation would be to help with Expenses to host the event. In specific, city services, fees and charges.

2. Are any other fundraisers planned to raise money for the event or for your participation in the event? *

We will be selling sponsorships and vendors spots to cover the event expenses still remaining.

3. Have you secured funding or funding commitments from any other governmental entity? If yes, please provide the name(s) of the entity(ies). *

No

Community Impact

Community Benefit Funds Application

City of Kissimmee, FL

Describe the impact this event will have on the quality of life and/or community pride for residents in the City of Kissimmee. *

Watch as we attempt to make the Biggest Cuban Sandwich in the World -
the 2021 GOAL is a 210 FEET Traditional Cuban Sandwich!
THIS SANDWICH WILL BE DONATED TO A LOCAL HOMELESS SHELTER TO FEED THE HOMELESS.
The Sandwich will feed over 500 homeless people!
The Sandwich will break the world record that is currently held by Tampa, Florida.
There will be LIVE cultural music and dance performances as well as food vendors.

Has this event ever received a donation or sponsorship from the Community Benefit Fund? *

☐ Yes

☒ No

Community Benefit Funds Application

City of Kissimmee, FL

Terms and Conditions *

Funding Availability

Funds for the Community Benefit program are provided on an annual basis from the City Commission Contingency Fund. Requests through this process are limited to an annual request of \$2,500.00 and must go towards an awareness event, fundraising activity or school related competition.

Organizations currently funded through the Social Services or Quality of Life Competitive Funding Process, the Special Events Fee Waiver Program, the Law Enforcement Trust Fund or any entitlement programs funded through the City do not qualify for Community Benefit funds.

Eligibility

Organizations:

Be a non-profit organization with Articles of Incorporation filed with the Florida Department of State, and

Be in existence and operating within the State of Florida for at least twelve (12) months prior to the date of application to the City for a donation, and

In addition to their application, submit: (1) a copy of their 501(c)3, or 501(c)4 notification letter. (Consideration will be given to tax exempt organizations raising funds dedicated to a specific 501(c)3 activity); (2) a copy of their current Form 990 (if your organization is required to file this document); (3) a copy of their last completed audit; and (4) an annual budget, and

Must provide a service, program, or event that demonstrates a local and positive impact to the City of Kissimmee and/or the residents of Kissimmee.

Individuals: When a requester is an individual, the individual shall:

Be a resident of the City of Kissimmee or Osceola County.

NOTE: All requests for financial support associated with a school-based program shall be paid directly to the sponsoring entity.

Program Restrictions

The following restrictions for funding shall apply to awards for any program, activity, person, or organization:

Funds will be available on a first come, first served basis and based on the availability of funds at the time of the application.

Requests for funds to support events hosted in any City of Kissimmee owned and/or operated facility or venue are not eligible for funding through the Community Benefit Fund. Requests must be submitted through the City of Kissimmee Fee Waiver Grant Program.

Funds cannot be used for or to promote a commercial business or private enterprise, personal gain or to promote political parties, political activities or political advocacy groups.

Funds cannot be used to promote the sale or consumption of tobacco products, illegal drugs, gambling, erotic materials or services.

Organizations that discriminate based on age, race, sex, sexual orientation, marital status, disability or national origin are not eligible for funds.

Funds cannot be used for the purposes of supporting a private foundation or charity that benefits one individual.

A nonprofit currently receiving funding through a separate grant or fund from the City of Kissimmee are ineligible for funding through the Community Benefit Fund sponsorship and donation grant process.

Final Reporting Requirements

All recipients will be required to submit a final report outlining the results of the event and the impact of the city's funds towards the event, cause or competition.

All applicants that receive funds in any amount must utilize the City seal/logo on all marketing, promotional and advertising materials including but not limited to print media, radio, television, website and social media depicting the City of Kissimmee's support.

Failure to adhere to the requirements contained within this section or set forth as a contingency for funding, shall result in disqualification the requestor from future funding through this program.

☒ I accept the Terms and Conditions.

6th Annual Cuban Sandwich Festival - Saturday, August 21st, 2021

REVENUE Goal:

SPONSORShip and supporting Grant

\$32,000.00

TOTAL Goal	0.00	\$32,000.00
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EXPENSES:

Actual

Making of the Sandwich	\$ 1,000.00
T-SHIRTS, APRONS	\$600.00
GENERATOR RENTALS	\$1,500.00
PERMITS & City Staff & Services (police, Fire, etc)	\$2,500.00
Grease Pit	\$250.00
Event Staffing: Promos, VIP, Stage hands, Set up, Breakdown, runner, contest pickup, etc	\$2,000.00
INSURANCE	\$1,200.00
GIFTS-PLAQUES & Awards	\$500.00
ENTERTAINMENT	\$2,500.00
TENTS/TABLES/CHRS	\$2,000.00
SUPPLIES	\$250.00
VOLUNTEER FOOD	\$300.00
Clean up Crew (all day maintenance and clean up)	\$500.00
Trash	\$300.00
WRIST BANDS	\$200.00
Hotel & Travel of VIP Actors, Out of town contestants, and team	\$3,000.00
Advertising	\$1,500.00
Sanitation Measures	\$1,000.00
Tent Weights, Fire Extinguishers, etc'	\$500.00
FLYERS & PROMOTION	\$500.00

TOTAL EXPENSES	\$22,100.00
-----------------------	--------------------

(Rev. January 2020)

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

2019

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☒ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Hispanic Resource Family Cultural Center Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14931 SPRING HILL DRIVE 417 City or town, state or province, country, and ZIP or foreign postal code Spring Hill, FL 34609
D Employer identification number 84-2542807	
E Telephone number (813) 407-6866	
G Gross receipts \$ 47,511	
F Name and address of principal officer Yolanda Gonzalez-Padilla 14391 SPRING HILL DRIVE, Spring Hill, FL 34609	
H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ N/A	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation: 2019	
M State of legal domicile FL	

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A Nonprofit christian based organization formed to provide a chartiable relief of the poor, disadvantaged, distressed, or underpriviliged hispanic/latino, and/or bilingual and minority communites by promoting education and awareness programs.
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 4
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 39 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 47,511
	9 Program service revenue (Part VIII, line 2g) 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 47,511
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,146
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 44,146
	19 Revenue less expenses. Subtract line 18 from line 12 3,365
	20 Total assets (Part X, line 16) 6,795
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26) 0
	22 Net assets or fund balances. Subtract line 21 from line 20 6,795

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	YOLANDA GONZALEZ-PADILLA <i>Yolanda Gonzalez-Padilla</i> 08-05-2020 Signature of officer Date
	YOLANDA GONZALEZ-PADILLA, PRESIDENT Type or print name and title
Paid Preparer Use Only	Pnnl/Type preparer's name Nadina Taylor Preparer's signature <i>Nadina Taylor</i> Date 08-05-2020 Check ☐ if self-employed ☐ if PTIN P00186767
	Firm's name ▶ C C Tax Service Inc Firm's EIN ▶ 708-344-4961
	Firm's address ▶ 1701 So 1st Avenue Suite 205 Maywood IL 60153 Phone no. 708-344-4961

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No
Form 990 (2019)



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8017965693C-9	02/03/2020	02/28/2025	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HISPANIC RESOURCE FAMILY CULTURAL CENTER
INC
14391 SPRING HILL DR STE 417
SPRING HILL FL 34609-8199

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Community Benefit Funds Application

City of Kissimmee, FL

Event Date *

10-Aug-2021

dd-MMM-yyyy

Event Name *

UCP Charter School - Education Interactive Playground Renovations

Event Address *

1820 Armstrong Blvd.

Street Address

Kissimmee

City

FL

State/Region/Province

34741

Postal / Zip Code

Requestor's Information

Name *

Danicka

First

Ransom

Last

Phone Number *

407-738-2302

Address *

P.O. Box 451374

Street Address

Kissimmee

City

Florida

State/Region/Province

34745

Postal / Zip Code

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Email

ucposceolapto@outlook.com

Community Benefit Funds Application

City of Kissimmee, FL

Eligibility *

- ☒ Individual
- ☐ Organization

Type of Request *

- ☒ Donation
- ☐ Sponsorship

Total amount to be raised/fundraising goal for your event? *

10,000.00

USD

Amount Requested from Community Benefit Fund *

2,500.00

USD

General Information

Name of School Represented

UCP Osceola Charter School

Contact for Event Sponsor or School Representative

Danicka

First

Ransom

Last

Phone Number for Event/School Representative

407-738-2302

Event/Competition's Website

<https://www.ucpcharter.org/osceola>

Have you participated in this event in the past? *

- ☐ Yes
- ☒ No

Donation / Sponsorship Description

Community Benefit Funds Application

City of Kissimmee, FL

1. Briefly describe the nature of the event and the process to participate. If the request is for a donation, what will the funds be used towards? *

The PTO for UCP Osceola is seeking financial donations for renovations to the playground. We would like to purchase a shade covering for existing play equipment to offer shade while the children play and rubber turf for the ground. Should funding be sufficient, we would also like to purchase new swings and other play equipment to enhance the existing playground. The playgrounds are used by children with different physical and intellectual disabilities and is really in need of enhanced play equipment and shade from the heat. A high number of the children in the school have autism or other sensory disorders as well as physical challenges. A shade cover would extremely helpful to protect the children from the warm elements. We would like to add sensory related educational activities that the children can engage in interactive play. UCP is a non profit organization and I can provide the 501c3 information upon request.

2. Are any other fundraisers planned to raise money for the event or for your participation in the event? *

We recently held a virtual raffle May 2021 in which we raised \$1,584.00 that will be used towards this project. We are also planning spirit nights at local businesses in an effort to raise additional funds.

3. Have you secured funding or funding commitments from any other governmental entity? If yes, please provide the name(s) of the entity(ies). *

UCP has been a recipient of Osceola County Community Grants funding in the past. This funding is utilized for general operation expenses. The school did submit a funding request for outdoor play equipment and outdoor classroom place, however we have not been notified of any additional funding award.

Community Impact

Describe the impact this event will have on the quality of life and/or community pride for residents in the City of Kissimmee. *

UCP of Osceola Charter School is located within City of Kissimmee limits and the majority of the students who attend live in the city limits. Having a playground which is adaptive to the health and being of the children who attend who increase the overall pride of the students and their parents. Many of the children that are in wheelchairs or physical disabilities don't have many options on the playground, so being able to get a flat surface for mobility would provide these students options to go outside and have movement. Installing a shade would allow all the students to have a layer of heat protected while outside during the warming months. This would improve the overall health of many of the students who can't go outside and be directly in the sun. Purchasing play equipment that is for sensory play to have outside would provide a greater experience for the many children with sensory issues or those that need adaptive playground equipment.

Has this event ever received a donation or sponsorship from the Community Benefit Fund? *

☐ Yes

☒ No

Community Benefit Funds Application

City of Kissimmee, FL

Terms and Conditions *

Funding Availability

Funds for the Community Benefit program are provided on an annual basis from the City Commission Contingency Fund. Requests through this process are limited to an annual request of \$2,500.00 and must go towards an awareness event, fundraising activity or school related competition.

Organizations currently funded through the Social Services or Quality of Life Competitive Funding Process, the Special Events Fee Waiver Program, the Law Enforcement Trust Fund or any entitlement programs funded through the City do not qualify for Community Benefit funds.

Eligibility

Organizations:

Be a non-profit organization with Articles of Incorporation filed with the Florida Department of State, and

Be in existence and operating within the State of Florida for at least twelve (12) months prior to the date of application to the City for a donation, and

In addition to their application, submit: (1) a copy of their 501(c)3, or 501(c)4 notification letter. (Consideration will be given to tax exempt organizations raising funds dedicated to a specific 501(c)3 activity); (2) a copy of their current Form 990 (if your organization is required to file this document); (3) a copy of their last completed audit; and (4) an annual budget, and

Must provide a service, program, or event that demonstrates a local and positive impact to the City of Kissimmee and/or the residents of Kissimmee.

Individuals: When a requester is an individual, the individual shall:

Be a resident of the City of Kissimmee or Osceola County.

NOTE: All requests for financial support associated with a school-based program shall be paid directly to the sponsoring entity.

Program Restrictions

The following restrictions for funding shall apply to awards for any program, activity, person, or organization:

Funds will be available on a first come, first served basis and based on the availability of funds at the time of the application.

Requests for funds to support events hosted in any City of Kissimmee owned and/or operated facility or venue are not eligible for funding through the Community Benefit Fund. Requests must be submitted through the City of Kissimmee Fee Waiver Grant Program.

Funds cannot be used for or to promote a commercial business or private enterprise, personal gain or to promote political parties, political activities or political advocacy groups.

Funds cannot be used to promote the sale or consumption of tobacco products, illegal drugs, gambling, erotic materials or services.

Organizations that discriminate based on age, race, sex, sexual orientation, marital status, disability or national origin are not eligible for funds.

Funds cannot be used for the purposes of supporting a private foundation or charity that benefits one individual.

A nonprofit currently receiving funding through a separate grant or fund from the City of Kissimmee are ineligible for funding through the Community Benefit Fund sponsorship and donation grant process.

Final Reporting Requirements

All recipients will be required to submit a final report outlining the results of the event and the impact of the city's funds towards the event, cause or competition.

All applicants that receive funds in any amount must utilize the City seal/logo on all marketing, promotional and advertising materials including but not limited to print media, radio, television, website and social media depicting the City of Kissimmee's support.

Failure to adhere to the requirements contained within this section or set forth as a contingency for funding, shall result in disqualification the requestor from future funding through this program.

☒ I accept the Terms and Conditions.

UCP of Central Florida
Summary of All Units
For the Twelve Months Ending Wednesday, June 30, 2021

	<u>Budget</u>
REVENUE	
Charter School FTE/Cap Outlay	\$23,342,955.04
Donations-Individual, Miracles, Corporate	462,500.00
Non-Charter Education Revenue (Childcare/After Care)	1,995,330.00
Grants/Contract Revenue	2,535,546.61
Food Revenue	917,245.00
Special Events	628,000.00
Therapy Revenue	6,857,767.65
UCP Interagency Transfer	761,700.00
TOTAL GROSS REVENUE	37,501,044.30
Less COGS - Development	274,850.00
NET OPERATING REVENUE	37,226,194.30
OPERATING EXPENSES	
Salary Expense	17,177,300.02
Contract Labor - Therapy	2,840,289.59
Contract Labor - Other	553,500.04
Temporary Staffing	22,000.00
Employee Expense	3,854,946.77
TOTAL EMPLOYEE EXPENSE	24,448,036.42
Bank Fees	51,100.19
Billing Expense	377,300.00
Contract Services/General Fees/Professional Fees	704,510.33
Contract Therapy to CS	2,439,128.12
CS - School Board Fees	678,928.33
Cultivation/Stewardship	2,123.00
Curriculum & Instructional Technology	574,140.96
Field Trips/Program Events	63,972.33
Food Expense	759,407.04
Insurance	270,103.89
Lease - Building	2,400,845.08
Maintenance - Building	370,784.75
Lease - Equipment	217,748.31
Maintenance - Equipment	18,416.00
Marketing Program/Newsletter	19,550.00
Meetings - Staff, Board, Parent and Community	16,475.00
Minor Equipment	394,352.19
Miscellaneous/Staff Shirts/Employee Screening/Licenses & Dues	33,344.00
National Shares/UCPA Dues	24,300.00
Postage & Printing	26,206.00
Real Estate Taxes	0.00
Recognition & Recruitment	31,358.00
Scholarships	24,379.00
Supplies - Program, Office & Subscriptions	472,730.49
Transportation (Bus Service for CS)	42,000.00
Travel - Staff/Volunteers	60,380.34
Utilities/Telephone/Telecommunications	837,126.23
TOTAL NON-LABOR COSTS	10,910,709.59
TOTAL OPERATING EXPENSES	35,358,746.00
NET OPERATING INCOME/(LOSS)	1,867,448.30
Interest/Investment Revenue	0.00
Other Income	0.00
Gifts In Kind	0.00
Other Expense	0.00
Depreciation Expense	513,676.00

UCP of Central Florida
Summary of All Units
For the Twelve Months Ending Wednesday, June 30, 2021

	Budget
Amortization	0.00
Interest Expense	207,491.00
Administrative Allocation	0.00
Development Allocation	0.00
Special Purpose Campaigns	0.00
Rent Income	(99,999.96)
Gain/Loss on Disposal of Assets	0.00
Other Gain/Loss	0.00
NET NON-OPERATING INCOME	621,167.04
NET INCOME/(LOSS)	1,246,281.26

Tom Tschopp

From: CCH-ReturnNotification@wolterskluwer.com
Sent: Tuesday, November 3, 2020 1:45 PM
To: Tom Tschopp
Subject: 2019 Electronic Return Accepted by the IRS

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.,

You are receiving this e-mail on behalf of SCHAFER TSCHOPP WHITCOMB ET AL.

Your electronically filed Exempt federal income tax return for tax year 2019 has been acknowledged as accepted for processing by the IRS on 11/03/2020.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **50112520203080342e56**.

Your Client ID is **UCP**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

Form 8879-EO

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.

Employer identification number

59-0799925

Name and title of officer

ILENE WILKINS

PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	35,965,676.
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	☐	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize SCHAFFER, TSCHOPP, WHITCOMB, ET AL to enter my PIN 32804
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Ilene Wilkins Date 10-29-2020

Part III Certification and Authentication

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

50112532714

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/2/20

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

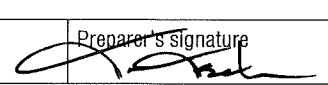
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.		D Employer identification number 59-0799925
	Doing business as		E Telephone number (407) 852-3300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 36,192,258.
	4780 DATA COURT		H(a) Is this a group return for subordinates? ☐ Yes ☒ No
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32817		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)
F Name and address of principal officer: ILENE WILKINS SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: WWW.UCP CFL.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 1955 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UCP OF CENTRAL FLORIDA EMPOWERS CHILDREN WITH AND WITHOUT DISABILITIES TO ACHIEVE THEIR POTENTIAL BY
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 26
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 714
	6 Total number of volunteers (estimate if necessary) 6 120
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,432,906. 8,992,027.
	9 Program service revenue (Part VIII, line 2g) 25,011,413. 26,873,415.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,692. 100,234.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,459,011. 35,965,676.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 24,059. 28,218.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16,642,543. 19,071,233.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 297,567.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,388,542. 10,645,197.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,055,144. 29,744,648.
19 Revenue less expenses. Subtract line 18 from line 12 1,403,867. 6,221,028.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 16,536,412. 23,981,966.
	21 Total liabilities (Part X, line 26) 5,540,333. 6,764,859.
	22 Net assets or fund balances. Subtract line 21 from line 20 10,996,079. 17,217,107.

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 ILENE WILKINS, PRESIDENT/CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name THOMAS R. TSCHOPP	Preparer's signature 	Date 11/2/20	Check if self-employed ☐	PTIN P00836892
	Firm's name SCHAFER, TSCHOPP, WHITCOMB, ET AL	Firm's EIN 26-1472386	Firm's address 541 S. ORLANDO AVENUE, SUITE 312 MAITLAND, FL 32751		

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

UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.

Form 990 (2019)

59-0799925 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UCP OF CENTRAL FLORIDA EMPOWERS CHILDREN WITH AND WITHOUT DISABILITIES TO ACHIEVE THEIR POTENTIAL BY PROVIDING INDIVIDUALIZED SUPPORT, EDUCATION AND THERAPY IN AN INCLUSIVE ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 21,968,465. Including grants of \$ 0.) (Revenue \$ 21,304,462.)
UCP OF CENTRAL FLORIDA'S LARGEST PROGRAM IS ITS INCLUSIVE CHARTER SCHOOLS FOR STUDENTS WITH AND WITHOUT SPECIAL NEEDS. UCP OPERATES EIGHT SCHOOLS SERVING APPROXIMATELY 1,400 PRE-K - 12TH GRADE STUDENTS IN ORANGE, OSCEOLA, AND SEMINOLE COUNTIES. SOME OF ITS RECENT ACCOMPLISHMENTS INCLUDE 81% OF STUDENTS GRADUATE THE PRE-K PROGRAM AND GO ONTO A MAINSTREAM CLASSROOM, 84% OF STUDENTS ACCOMPLISHED OVER 75% OF THEIR INDIVIDUAL EDUCATION PLAN GOALS, AND THE KINDERGARTEN CLASS IOWA READING AND MATH SCORES WERE IN THE TOP OF THE NATION.

4b (Code:) (Expenses \$ 3,588,526. Including grants of \$ 28,218.) (Revenue \$ 3,480,062.)
UCP OF CENTRAL FLORIDA'S SECOND LARGEST PROGRAM IS THE PEDIATRIC THERAPY PROGRAM. UCP PROVIDES PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY TO CHILDREN, BIRTH TO AGE 21 YEARS, WITH A VARIETY OF DEVELOPMENTAL DISABILITIES AND DELAYS. THE THERAPY PROGRAM TAKES PLACE AT EIGHT CAMPUSES THROUGHOUT CENTRAL FLORIDA. 81% OF THERAPY CLIENTS ACHIEVED AT LEAST 75% OF THEIR THERAPY GOALS.

4c (Code:) (Expenses \$ 1,492,669. Including grants of \$ 0.) (Revenue \$ 1,447,553.)
THE THIRD LARGEST PROGRAM AT UCP OF CENTRAL FLORIDA IS OTHER EDUCATION PROGRAMS. THIS INCLUDES CHILDCARE, BEFORE AND AFTER CARE PROGRAMS, MCKAY SCHOLARSHIP AND SUMMER ENRICHMENT PROGRAMS PROVIDED AT EIGHT CAMPUSES THROUGHOUT THE CENTRAL FLORIDA AREA. THIS PAST YEAR, THIS PROGRAM SERVED APPROXIMATELY 1,000 FROM BIRTH THROUGH 21 YEARS OF AGE - WITH AND WITHOUT DISABILITIES.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 524,671. Including grants of \$ 0.) (Revenue \$ 641,338.)

4e Total program service expenses 27,574,331.

UNITED CEREBRAL PALSY OF CENTRAL

FLORIDA, INC.

Form 990 (2019)

59-0799925 Page 3

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	92
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 714		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
SONIA ROBLES, CFO - (407) 852-3300
4780 DATA COURT, ORLANDO, FL 32817

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW SELLERS CHAIR	1.00	X		X				0.	0.	0.
(2) JESSICA BEHMER CHAIR ELECT	1.00	X		X				0.	0.	0.
(3) TONY SOS PAST CHAIR	1.00	X		X				0.	0.	0.
(4) BUTCH DEVLIN MEMBER AT LARGE	1.00	X						0.	0.	0.
(5) KIM DOUD MEMBER AT LARGE	1.00	X						0.	0.	0.
(6) GOOSE LOPEZ-TORRES MEMBER AT LARGE	1.00	X						0.	0.	0.
(7) BILL MCCOREY MEMBER AT LARGE	1.00	X						0.	0.	0.
(8) PHIL HANDY MEMBER AT LARGE	1.00	X						0.	0.	0.
(9) ANGELA ALBAN MEMBER	1.00	X						0.	0.	0.
(10) CATHRYN DECECCO MEMBER	1.00	X						0.	0.	0.
(11) MAUREEN BROCKMAN MEMBER	1.00	X						0.	0.	0.
(12) JOHN DIMINO MEMBER	1.00	X						0.	0.	0.
(13) RACHAEL FROHARDT MEMBER	1.00	X						0.	0.	0.
(14) STEVE GARNER MEMBER	1.00	X						0.	0.	0.
(15) CARLA HOLOMAN MEMBER	1.00	X						0.	0.	0.
(16) SEAN KELLY MEMBER	1.00	X						0.	0.	0.
(17) MARK HEIMENDINGER MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID LOY MEMBER	1.00	X						0.	0.	0.
(19) SEAN LYLES MEMBER	1.00	X						0.	0.	0.
(20) DIDIER MENARD MEMBER	1.00	X						0.	0.	0.
(21) MICHELLE MORALES MEMBER	1.00	X						0.	0.	0.
(22) TONY RUBEN MEMBER	1.00	X						0.	0.	0.
(23) LOUIS SHINAMAN MEMBER	1.00	X						0.	0.	0.
(24) DAN TARCZYNSKI MEMBER	1.00	X						0.	0.	0.
(25) WILL WELLONS MEMBER	1.00	X						0.	0.	0.
(26) KATHERINE THIE MEMBER	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								239,204.	0.	8,429.
d Total (add lines 1b and 1c)								239,204.	0.	8,429.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RED APPLE DEVELOPMENT, 800 CORPORATE DRIVE SUITE 124, FORT LAUDERDALE, FL 33334	BUILDING RENT	540,000.
GA FOODS, 12200 32ND COURT NORTH, ST. PETERSBURG, FL 33716	FOOD DELIVERY	385,614.
VINE STREET SHOPS DBA PLAZA DEL SOL, 3831 W. VINE STREET, STE. 60, KISSIMMEE, FL	BUILDING RENT	325,855.
NCG MEDICAL, 140 N. WESTMONTE DR., STE. 100, ALTAMONTE SPRINGS, FL 32714	BILLING SERVICES	320,346.
SISSINE'S OFFICE SYSTEM P.O. BOX 10306, DES MOINES, IA 50306	EQUIPMENT LEASING SERVICES	280,756.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ILENE WILKINS PRESIDENT/CEO	60.00			X				162,786.	0.	8,429.
(28) SONIA ROBLES CFO	50.00			X				76,418.	0.	0.
Total to Part VII, Section A, line 1c								239,204.		8,429

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	356,245.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,356,727.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,279,055.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 27,320.			
	h Total. Add lines 1a-1f		8,992,027.			
	Program Service Revenue	Business Code				
2 a CHARTER SCHOOL FTE		611710	21,304,462.	21,304,462.		
b THERAPY REVENUE		624410	3,480,062.	3,480,062.		
c EDUCATION REVENUE		624310	1,447,553.	1,447,553.		
d FOOD REVENUE		900099	641,338.	641,338.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			26,873,415.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a (i) Real (ii) Personal				
	b Less: rental expenses	6b	97,000.			
	c Rental income or (loss)	6c	0.			
	d Net rental income or (loss)		97,000.			97,000.
	7 a Gross amount from sales of assets other than inventory	7a (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 356,245. of contributions reported on line 1c). See Part IV, line 18	8a	226,582.			
	b Less: direct expenses	8b	226,582.			
	c Net income or (loss) from fundraising events		0.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a OTHER REVENUE	900099	3,234.	0.	3,234.	
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		3,234.				
12 Total revenue. See instructions		35,965,676.	26,873,415.	0.	100,234.	

**UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,218.	28,218.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,661,124.	14,526,286.	997,908.	136,930.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,837.	70,306.	4,975.	556.
9 Other employee benefits	2,205,632.	2,044,764.	144,713.	16,155.
10 Payroll taxes	1,128,640.	1,046,323.	74,051.	8,266.
11 Fees for services (nonemployees):				
a Management				
b Legal	20,803.		20,803.	
c Accounting	51,357.		51,357.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,576,576.	4,431,265.	117,412.	27,899.
12 Advertising and promotion	23,447.	5,420.	16,924.	1,103.
13 Office expenses	406,595.	334,787.	48,434.	23,374.
14 Information technology	281,948.	260,467.	19,176.	2,305.
15 Royalties				
16 Occupancy	2,293,767.	2,159,564.	114,688.	19,515.
17 Travel	83,666.	70,094.	10,168.	3,404.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,484.	5,298.	5,798.	1,388.
20 Interest	228,171.	227,956.	215.	
21 Payments to affiliates	22,917.		22,917.	
22 Depreciation, depletion, and amortization	554,732.	514,960.	32,834.	6,938.
23 Insurance	270,366.	259,708.	8,835.	1,823.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>FOOD COSTS</u>	524,671.	524,671.	0.	0.
b <u>SUPPLIES</u>	443,075.	421,122.	19,466.	2,487.
c <u>MINOR EQUIPMENT COSTS</u>	332,256.	285,703.	41,400.	5,153.
d <u>CURRICULUM AND INSTRUCT</u>	261,635.	261,635.	0.	0.
e All other expenses	256,731.	95,784.	120,676.	40,271.
25 Total functional expenses. Add lines 1 through 24e	29,744,648.	27,574,331.	1,872,750.	297,567.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ If following SOP 98-2 (ASC 958-720)

**UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	316,454.	1	4,725,243.
	2 Savings and temporary cash investments	713,376.	2	896,592.
	3 Pledges and grants receivable, net	437,587.	3	1,328,766.
	4 Accounts receivable, net	562,215.	4	658,489.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,083.	9	153,873.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	22,851,125.		
	b Less: accumulated depreciation	6,699,607.		
		14,416,081.	10c	16,151,518.
	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	60,616.	15	67,485.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,536,412.	16	23,981,966.	
Liabilities	17 Accounts payable and accrued expenses	1,051,735.	17	937,510.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,488,598.	23	5,827,349.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,540,333.	26	6,764,859.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,549,440.	27	14,907,106.
	28 Net assets with donor restrictions	446,639.	28	2,310,001.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,996,079.	32	17,217,107.
33 Total liabilities and net assets/fund balances	16,536,412.	33	23,981,966.	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,965,676.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,744,648.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,221,028.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,996,079.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,217,107.

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

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.** Employer identification number **59-0799925**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

UNITED CEREBRAL PALSY OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990 or 990-EZ) 2019

UNITED CEREBRAL PALSY OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,207,169.	1,904,876.	2,002,147.	2,303,990.	8,992,027.	17,410,209.
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	18,107,696.	19,463,673.	22,124,299.	25,486,231.	27,099,997.	112,281,896.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5	20,314,865.	21,368,549.	24,126,446.	27,790,221.	36,092,024.	129,692,105.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	54,241.	29,819.	57,196.	24,642.	48,067.	213,965.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	54,241.	29,819.	57,196.	24,642.	48,067.	213,965.
8 Public support. (Subtract line 7c from line 6.)						129,478,140.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	20,314,865.	21,368,549.	24,126,446.	27,790,221.	36,092,024.	129,692,105.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...		2,110.			97,000.	99,110.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2,110.			97,000.	99,110.
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.)	6,443.	174,045.	5,711.	14,692.	3,234.	204,125.
13 Total support. (Add lines 9, 10c, 11, and 12.)	20,321,308.	21,544,704.	24,132,157.	27,804,913.	36,192,258.	129,995,340.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.60 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.63 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.08 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

UNITED CEREBRAL PALSY OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

UNITED CEREBRAL PALSY OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

Section D. All Type III Supporting Organizations

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

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

UNITED CEREBRAL PALSY OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

59-0799925 Page 6

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

UNITED CEREBRAL PALSY OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

59-0799925 Page 7

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

UNITED CEREBRAL PALSY OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

59-0799925 Page **8**

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 6,443.

2016 AMOUNT: \$ 174,045.

2017 AMOUNT: \$ 5,711.

2018 AMOUNT: \$ 14,692.

2019 AMOUNT: \$ 3,234.

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.

Employer identification number

59-0799925

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.	Employer identification number 59-0799925
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>31,700.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>8,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>45,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>10,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.	Employer identification number 59-0799925
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 30,104.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 130,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

**UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.**

Employer identification number

59-0799925**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>125,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>350,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.	Employer identification number 59-0799925
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		\$ 400,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.	Employer identification number 59-0799925
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		\$ 24,885.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		\$ 36,375.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		\$ 200,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.	Employer identification number 59-0799925
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		\$ 118,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.

Employer identification number

59-0799925

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		\$ 100,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		\$ 375,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.****59-0799925****Part III**

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.**

Employer identification number
59-0799925

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNITED CEREBRAL PALSY OF CENTRAL

Schedule D (Form 990) 2019

FLORIDA, INC.

59-0799925 Page 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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

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

- (i) Unrelated organizations ☐ Yes ☐ No
 (ii) Related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,773,951.		4,773,951.
b Buildings		13,569,769.	3,052,369.	10,517,400.
c Leasehold improvements		566,408.	358,822.	207,586.
d Equipment		3,543,847.	2,984,149.	559,698.
e Other		397,150.	304,267.	92,883.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,151,518.

Schedule D (Form 990) 2019

UNITED CEREBRAL PALSY OF CENTRAL

Schedule D (Form 990) 2019

FLORIDA, INC.

59-0799925 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2019

UNITED CEREBRAL PALSY OF CENTRAL

Schedule D (Form 990) 2019

FLORIDA, INC.

59-0799925 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	36,029,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	64,194.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	64,194.
3	Subtract line 2e from line 1	3	35,965,676.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,965,676.

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

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

1	Total expenses and losses per audited financial statements	1	29,808,842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	64,194.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	64,194.
3	Subtract line 2e from line 1	3	29,744,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	29,744,648.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. CONSEQUENTLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

IN ACCORDANCE WITH "INCOME TAXES" FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740 (TOPIC 740), ALL ENTITIES ARE REQUIRED TO EVALUATE AND DISCLOSE INCOME TAX RISKS. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES GUIDANCE RELATED TO THE FINANCIAL STATEMENT

Part XIII Supplemental Information (continued)

RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE
TAKEN IN A TAX RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS
ONLY RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION IF THE TAX POSITION
IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE
TECHNICAL MERITS OF THE POSITION. INTEREST AND PENALTIES, IF ANY, ARE
INCLUDED IN EXPENSES IN THE STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2020,
THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND
EXAMINATION BY FEDERAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY
ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE ORGANIZATION
IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED
BUSINESS INCOME, EXCISE OR OTHER TAXES. THE TAX RETURNS FOR THE FISCAL
YEARS ENDED FROM 2017 TO 2019 ARE OPEN TO EXAMINATION BY FEDERAL
AUTHORITIES.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2019

Employer identification number
59-0799925

UNITED CEREBRAL PALSY OF CENTRAL

Schedule G (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

59-0799925 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	582,827.			582,827.
	2 Less: Contributions	356,245.			356,245.
	3 Gross income (line 1 minus line 2)	226,582.			226,582.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	226,582.			226,582.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				226,582.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

UNITED CEREBRAL PALSY OF CENTRAL

Schedule G (Form 990 or 990-EZ) 2019 **FLORIDA, INC.**

59-0799925 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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► Go to www.irs.gov/Form990 for the latest information.

Employer identification number
59-0799925

criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Schedule I (Form 990) (2019)

59-0799925

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
----------	---

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THERAPY SCHOLARSHIPS FOR STUDENTS WHO CANNOT AFFORD SERVICES.	60	0.	28,218.	FMV/BILLING AMOUNTS	FORGIVENESS OF SERVICES
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.				

BECAUSE IT IS DETERMINED BY THE AMOUNT OF THE BILLING WHICH IS FORGIVEN.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.	Employer identification number 59-0799925
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☐ Discretionary spending account</td> <td>☐ Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width:100%"> <tr> <td>☐ Compensation committee</td> <td>☐ Written employment contract</td> </tr> <tr> <td>☐ Independent compensation consultant</td> <td>☒ Compensation survey or study</td> </tr> <tr> <td>☒ Form 990 of other organizations</td> <td>☒ Approval by the board or compensation committee</td> </tr> </table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2019

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

UNITED CEREBRAL PALSY OF CENTRAL

Schedule J (Form 990) 2019

FLORIDA, INC.

59-0799925

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal lines for supplemental information.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.** Employer identification number **59-0799925**

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PROGRAM SUPPL</u>)	X	50	27,320	FMV/DONOR
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.

Employer identification number
59-0799925

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING INDIVIDUALIZED SUPPORT, EDUCATION AND THERAPY IN AN INCLUSIVE
ENVIRONMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOOD SERVICES

EXPENSES \$ 524,671. INCLUDING GRANTS OF \$ 0. REVENUE \$ 641,338.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT 990 TAX RETURN IS PROVIDED TO ALL OFFICERS AND THE BOARD OF
DIRECTORS FOR REVIEW AND APPROVAL. IF ANY CHANGES ARE NECESSARY, THE CPA
FIRM PREPARING THE RETURN MAKES THE NECESSARY CHANGES AND THEN
ELECTRONICALLY FILES THE RETURN WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY DIRECTOR OF THE BOARD OR OFFICER OF THE CORPORATION (MEMBER) THAT, IN
THE OPINION OF THAT MEMBER, EITHER HAS A REAL OR POTENTIAL CONFLICT OF
INTEREST SHALL DECLARE THE CONFLICT AND THE REASONS FOR IT. THE MEMBERS
SHALL DECIDE AS TO WHETHER THE MEMBER SHALL HAVE THE RIGHT OF DISCUSSION ON
AREAS PERTAINING TO THIS CONFLICT, BUT IN NO CASE SHALL THE MEMBER HAVING
THE CONFLICT HAVE THE RIGHT TO VOTE ON MATTERS REGARDING THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF
THE PRESIDENT/CEO. DURING THE DELIBERATIONS, THE BOARD UTILIZES
COMPARABILITY DATA AND CONTEMPORANEOUSLY SUBSTANTIATES THE DECISION.

Name of the organization UNITED CEREBRAL PALSY OF CENTRAL
FLORIDA, INC.

Employer identification number
59-0799925

FORM 990, PART VI, SECTION C, LINE 19:

THE AGENCY MAKES IT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, THE
AGENCY PREPARES AN ANNUAL REPORT EACH YEAR, WHICH IS SENT TO ALL DONORS AND
IS AVAILABLE TO ANY OTHER PERSON OR INSTITUTION WHO REQUESTS IT.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SCHOOL BOARD FEES:

PROGRAM SERVICE EXPENSES	538,835.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	538,835.

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	3,074,066.
MANAGEMENT AND GENERAL EXPENSES	2,395.
FUNDRAISING EXPENSES	26,000.
TOTAL EXPENSES	3,102,461.

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	506,219.
MANAGEMENT AND GENERAL EXPENSES	115,017.
FUNDRAISING EXPENSES	1,899.
TOTAL EXPENSES	623,135.

BILLING SERVICES:

PROGRAM SERVICE EXPENSES	312,145.
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Employer identification number
59-0799925

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4,576,576.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, COLUMN B

TO HOLD TITLE TO THE BUILDING AND GROUNDS THAT HOUSE THE HOLLOWAY
TREATMENT CLINIC OF UCP OF CENTRAL FLORIDA, INC. IN ORANGE COUNTY,
FLORIDA.

UCP of Central Florida
Summary of All Units
For the Twelve Months Ending Wednesday, June 30, 2021

	<u>Budget</u>
REVENUE	
Charter School FTE/Cap Outlay	\$23,342,955.04
Donations-Individual, Miracles, Corporate	462,500.00
Non-Charter Education Revenue (Childcare/After Care)	1,995,330.00
Grants/Contract Revenue	2,535,546.61
Food Revenue	917,245.00
Special Events	628,000.00
Therapy Revenue	6,857,767.65
UCP Interagency Transfer	761,700.00
TOTAL GROSS REVENUE	37,501,044.30
Less COGS - Development	274,850.00
NET OPERATING REVENUE	37,226,194.30
OPERATING EXPENSES	
Salary Expense	17,177,300.02
Contract Labor - Therapy	2,840,289.59
Contract Labor - Other	553,500.04
Temporary Staffing	22,000.00
Employee Expense	3,854,946.77
TOTAL EMPLOYEE EXPENSE	24,448,036.42
Bank Fees	51,100.19
Billing Expense	377,300.00
Contract Services/General Fees/Professional Fees	704,510.33
Contract Therapy to CS	2,439,128.12
CS - School Board Fees	678,928.33
Cultivation/Stewardship	2,123.00
Curriculum & Instructional Technology	574,140.96
Field Trips/Program Events	63,972.33
Food Expense	759,407.04
Insurance	270,103.89
Lease - Building	2,400,845.08
Maintenance - Building	370,784.75
Lease - Equipment	217,748.31
Maintenance - Equipment	18,416.00
Marketing Program/Newsletter	19,550.00
Meetings - Staff, Board, Parent and Community	16,475.00
Minor Equipment	394,352.19
Miscellaneous/Staff Shirts/Employee Screening/Licenses & Dues	33,344.00
National Shares/UCPA Dues	24,300.00
Postage & Printing	26,206.00
Real Estate Taxes	0.00
Recognition & Recruitment	31,358.00
Scholarships	24,379.00
Supplies - Program, Office & Subscriptions	472,730.49
Transportation (Bus Service for CS)	42,000.00
Travel - Staff/Volunteers	60,380.34
Utilities/Telephone/Telecommunications	837,126.23
TOTAL NON-LABOR COSTS	10,910,709.59
TOTAL OPERATING EXPENSES	35,358,746.00
NET OPERATING INCOME/(LOSS)	1,867,448.30
Interest/Investment Revenue	0.00
Other Income	0.00
Gifts In Kind	0.00
Other Expense	0.00
Depreciation Expense	513,676.00

UCP of Central Florida
Summary of All Units
For the Twelve Months Ending Wednesday, June 30, 2021

	Budget
Amortization	0.00
Interest Expense	207,491.00
Administrative Allocation	0.00
Development Allocation	0.00
Special Purpose Campaigns	0.00
Rent Income	(99,999.96)
Gain/Loss on Disposal of Assets	0.00
Other Gain/Loss	0.00
NET NON-OPERATING INCOME	621,167.04
NET INCOME/(LOSS)	1,246,281.26

Financial Statements

**UNITED CEREBRAL PALSY OF
CENTRAL FLORIDA, INC.**

June 30, 2020

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Financial Statements

June 30, 2020

(With Independent Auditor's Report Thereon)

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

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Independent Auditor's Report

The Board of Directors
United Cerebral Palsy of Central Florida, Inc.

We have audited the accompanying financial statements of United Cerebral Palsy of Central Florida, Inc., which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United Cerebral Palsy of Central Florida, Inc. as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the United Cerebral Palsy of Central Florida, Inc.'s 2019 financial statements, and our report dated September 16, 2019, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

Our audit was performed for the purpose of forming an opinion on the financial statements of United Cerebral Palsy of Central Florida, Inc., taken as a whole. The accompanying schedule of Expenditures of Federal Awards, is required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated September 2, 2020 on our consideration of the United Cerebral Palsy of Central Florida, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions

of laws, regulations, contracts and grants and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering United Cerebral Palsy of Central Florida, Inc.'s internal control over financial reporting and compliance.

Schaffer, Tschoegge, Whitcomb, Mitchell & Shuilen, LLP

Maitland, Florida
September 2, 2020

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Statements of Financial Position

June 30, 2020

(With summarized totals for the year ended June 30, 2019)

	<u>Assets</u>	
	<u>2020</u>	<u>2019</u>
Assets:		
Cash and cash equivalents	\$ 5,621,835	\$ 1,029,830
Accounts receivable, net of allowances of \$115,000 and \$313,000	658,489	562,215
Contributions receivable, net (note 3)	1,328,766	437,587
Prepaid expenses and other assets	221,358	90,699
Property and equipment, net (notes 4, 5 and 6)	16,151,518	14,416,081
Total assets	<u>\$ 23,981,966</u>	<u>\$ 16,536,412</u>
	<u>Liabilities and Net Assets</u>	
Liabilities:		
Notes payable (note 6)	\$ 5,827,349	4,488,598
Accounts payable and accrued expenses	283,548	498,866
Accrued payroll and benefits	653,962	552,869
Total liabilities	<u>6,764,859</u>	<u>5,540,333</u>
Commitments (note 7)		
Net assets:		
Net assets without donor restrictions	14,907,106	10,549,440
Net assets with donor restrictions (note 8)	2,310,001	446,639
Total net assets	<u>17,217,107</u>	<u>10,996,079</u>
Total liabilities and net assets	<u>\$ 23,981,966</u>	<u>\$ 16,536,412</u>

See accompanying notes to financial statements.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA

Statement of Activities

Year ended June 30, 2020

(With summarized totals for the year ended June 30, 2019)

	Without Donor Restrictions	With Donor Restrictions	2020	2019
Revenue and public support:				
Revenue:				
Program service fees and grants	\$ 26,873,415	-	26,873,415	25,011,413
Other income	100,234	-	100,234	14,692
	<u>26,973,649</u>	<u>-</u>	<u>26,973,649</u>	<u>25,026,105</u>
Public support and fundraising:				
Contributions (notes 1b and 10)	2,624,249	247,000	2,871,249	2,263,240
Paycheck protection program grant (note 12)	3,356,727	-	3,356,727	-
West Orange Capital Campaign (note 8)	719,765	1,752,235	2,472,000	-
Special events	582,827	-	582,827	789,484
Less: direct benefit to donors	<u>(226,582)</u>	<u>-</u>	<u>(226,582)</u>	<u>(474,818)</u>
	<u>7,056,986</u>	<u>1,999,235</u>	<u>9,056,221</u>	<u>2,577,906</u>
Net assets released from restrictions (note 9)	<u>135,873</u>	<u>(135,873)</u>	<u>-</u>	<u>-</u>
Total revenue and public support	<u>34,166,508</u>	<u>1,863,362</u>	<u>36,029,870</u>	<u>27,604,011</u>
Expenses:				
Program services:				
Children's services	<u>27,638,525</u>	<u>-</u>	<u>27,638,525</u>	<u>24,436,387</u>
Supporting services:				
General and administrative	1,872,750	-	1,872,750	1,547,851
Fundraising	<u>297,567</u>	<u>-</u>	<u>297,567</u>	<u>215,906</u>
Total supporting services	<u>2,170,317</u>	<u>-</u>	<u>2,170,317</u>	<u>1,763,757</u>
Total expenses	<u>29,808,842</u>	<u>-</u>	<u>29,808,842</u>	<u>26,200,144</u>
Change in net assets	<u>4,357,666</u>	<u>1,863,362</u>	<u>6,221,028</u>	<u>1,403,867</u>
Net assets at beginning of period	<u>10,549,440</u>	<u>446,639</u>	<u>10,996,079</u>	<u>9,592,212</u>
Net assets at end of period	<u>\$ 14,907,106</u>	<u>2,310,001</u>	<u>17,217,107</u>	<u>10,996,079</u>

See accompanying notes to financial statements.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Statement of Functional Expenses

Year ended June 30, 2020

(With summarized totals for the year ended June 30, 2019)

	Children's Services	General and Administrative	Fund- raising	2020	2019
Salaries	\$ 14,526,286	997,908	136,930	15,661,124	13,345,091
Taxes & benefits	3,161,393	223,739	24,977	3,410,109	3,297,452
Contract labor and temporary staffing	3,074,066	2,395	26,000	3,102,461	3,264,021
Total	20,761,745	1,224,042	187,907	22,173,694	19,906,564
Recognition and recruitment	38,435	80,804	2,413	121,652	35,347
Bank charges	39,578	7,005	13,276	59,859	74,150
Billing service	312,145	-	-	312,145	367,269
Meetings and seminars	5,298	5,798	1,388	12,484	12,964
Contract services and professional fees	506,219	187,177	1,899	695,295	532,484
Curriculum and instructional technology	261,635	-	-	261,635	233,629
Food costs	524,671	-	-	524,671	647,003
Field trips and program events	31,795	8,807	192	40,794	54,237
Insurance	259,708	8,835	1,823	270,366	265,117
Building leases, maintenance and repairs	1,781,216	82,107	15,600	1,878,923	1,026,273
Equipment leases, maintenance and repairs	243,686	16,884	2,005	262,575	204,236
Marketing and cultivation	5,420	16,924	1,103	23,447	18,328
Fundraising costs	-	-	16,023	16,023	18,988
National shares/UCPA dues	-	22,917	-	22,917	25,000
Miscellaneous expenses	25,554	31,065	21,643	78,262	53,225
Postage and printing	7,700	21,319	7,705	36,724	27,966
School board fees	538,835	-	-	538,835	559,611
Scholarships	28,218	-	-	28,218	24,059
Minor equipment	285,703	41,400	5,153	332,256	286,534
Interest	227,956	215	-	228,171	247,803
Supplies	421,122	19,466	2,487	443,075	254,655
Travel and transportation	70,094	10,168	3,404	83,666	93,112
Telephone, utilities and internet costs	746,832	54,983	6,608	808,423	705,174
Total	6,361,820	615,874	102,722	7,080,416	5,767,164
Expenses before depreciation and amortization	27,123,565	1,839,916	290,629	29,254,110	25,673,728
Depreciation and amortization	514,960	32,834	6,938	554,732	526,416
Total expenses	\$ 27,638,525	1,872,750	297,567	29,808,842	26,200,144

See accompanying notes to financial statements.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Statements of Cash Flows

Year ended June 30, 2020
(With summarized totals for the year ended June 30, 2019)

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Change in net assets	\$ 6,221,028	1,403,867
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	554,732	526,416
Provision for losses on accounts receivable	(232,564)	232,357
In-kind contribution of property and equipment	-	(144,950)
Change in operating assets and liabilities:		
Accounts receivable	136,290	(144,287)
Contributions receivable	(891,179)	117,736
Prepaid expenses and other assets	(139,114)	36,482
Accounts payable and accrued expenses	(215,318)	(441,271)
Accrued payroll and benefits	101,093	19,330
Due to related party	-	(7,500)
Net cash provided by operating activities	<u>5,534,968</u>	<u>1,598,180</u>
Cash flows from investing activities:		
Acquisition of property and equipment	<u>(2,281,714)</u>	<u>(205,300)</u>
Net cash used in investing activities	<u>(2,281,714)</u>	<u>(205,300)</u>
Cash flows from financing activities:		
Net proceeds (repayment) on line of credit	-	(513,086)
Net proceeds (repayments) on notes payable	<u>1,338,751</u>	<u>(203,677)</u>
Net cash provided by (used in) financing activities	<u>1,338,751</u>	<u>(716,763)</u>
Net change in cash and cash equivalents	4,592,005	676,117
Cash and cash equivalents at beginning of period	<u>1,029,830</u>	<u>353,713</u>
Cash and cash equivalents at end of period	<u>\$ 5,621,835</u>	<u>1,029,830</u>
Supplemental disclosure of cash flow information:		
Cash paid during the period for interest	<u>\$ 118,171</u>	<u>247,803</u>

See accompanying notes to financial statements.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

Year ended June 30, 2020

(1) Organization and Summary of Significant Accounting Policies

(a) Organization and Purpose

United Cerebral Palsy (UCP) of Central Florida is a voluntary health and education organization, which provides support, education and therapy services in the Central Florida area including Orange, Seminole, Osceola and Lake Counties. The purpose of the organization is to: 1) Unlock children's potential by providing a high quality, holistic, cradle-to-college-to-work support, education and therapy program designed to help individuals achieve their maximum potential. 2) Break down barriers by embracing inclusive educational and support curriculum models designed to create communities where barriers for people with disabilities are eliminated and everyone can learn and play together. 3) Create and share innovative programs and services within our community as well as globally through continuing education programs and strategic partnerships with colleges, health care providers and other like-minded organizations.

A substantial portion of the Organization's revenue is derived from grants, contracts and services from private individuals, third party insurance companies, and local, state and federal agencies.

(b) Basis of Accounting

The accompanying financial statements are presented on the accrual basis and represent the financial position and results of operations of the Organization.

The Organization has adopted the provisions of FASB Accounting Standards Codification Topic 958, Not-for-Profit Entities.

The Organization prepares its financial statements on an entity wide basis, focusing on the organization as a whole and presents balances and transactions according to the existence or absence of donor-imposed restrictions. Net assets and revenue, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

- Net assets without donor restrictions---Net assets that are not subject to donor-imposed stipulations.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(1) Organization and Summary of Significant Accounting Policies (Continued)

(b) Basis of Accounting (Continued)

- Net assets with donor restrictions---Some donors impose restrictions that are temporary in nature, for example, stipulating that resources be used after a specified date, for particular programs or services, or to acquire buildings or equipment. Other donor-imposed restrictions that are perpetual in nature, for example, stipulating that resources be maintained in perpetuity. Laws may extend those limits to investment returns from those resources and to other enhancements (diminishments) of those resources. Thus, those laws extend donor-imposed restrictions.

Under generally accepted accounting principles, contributions are generally recognized as revenue when the gift is made and are recorded as with or without donor restrictions, depending on the presence or absence and type of donor-imposed restrictions or conditions.

The Organization displays revenue in the following two natural classifications:

- Revenue---Fees earned for the performance of Organization services.
- Public Support---Unconditional gifts to the Organization of cash or other assets in a voluntary nonreciprocal transfer by another entity.

Revenue and public support are reported as increases in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions unless their use is limited by donor-imposed restrictions. Expirations with donor restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets. Donor restricted contributions, whose restrictions are met in the same reporting period, are reported as support without donor restrictions.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(1) **Organization and Summary of Significant Accounting Policies (Continued)**

(b) **Basis of Accounting (Continued)**

Contributions, including unconditional promises to give, are recognized as revenue in the period made or received. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions of assets, materials, and facilities are recorded at their estimated fair value at the date of gift. Such values are recorded in the financial statements as an asset or expense and revenue. For the year ended June 30, 2020, the Organization received in-kind contributions in the amount of \$234,609 consisting of donated facilities from a related party in the amount of \$64,194 (See notes 7 and 10), donated supplies and facilities for special events in the amount of \$138,895 and donated program supplies in the amount of \$27,320. In addition, the Organization receives contributed time related to various program, administrative or fundraising services. These contributed services are recorded at their estimated fair value at the date of service if they meet the following criteria: (a) the services would have otherwise been purchased by the Organization, and (b) the services required specialized skills. Contributed services in the amount of \$4,200 were recorded for the year ended June 30, 2020.

A substantial number of unpaid volunteers have donated significant amounts of their time to the Organization's program and administrative services. However, due primarily to the nature of the services provided, the value of such services has not been reflected in the accompanying financial statements.

(c) **Cash and Cash Equivalents**

For purposes of the Statement of Cash Flows, the Organization considers highly liquid investments in demand deposit and money market accounts to be cash equivalents.

(d) **Accounts Receivable**

Accounts receivable are carried at their estimated collectible amounts and are recorded net of contractual adjustments and an allowance for doubtful accounts. The allowance for doubtful accounts is estimated by management based on the Organization's prior years' experience and a review of the current status of the existing receivables. Adjustments to the allowance for doubtful accounts are recorded to an expense account. When management determines that a receivable is uncollectible, it is removed from accounts receivable and is charged to the allowance for doubtful accounts.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(1) Organization and Summary of Significant Accounting Policies (Continued)

(e) Property and Equipment

Property and equipment acquisitions in excess of \$1,000 are capitalized at cost when purchased or at the fair value at the date of gift when donated. Depreciation of building improvements and equipment is calculated using the straight-line method over the estimated useful lives of the assets, generally 5 to 39 years. Expenditures for repairs and maintenance are expensed as incurred. Amortization of assets under capital leases is included in depreciation and amortization.

(f) Income Taxes

The Organization is exempt from Federal income tax under provisions of Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Code. Consequently, no provision for income taxes has been included in the accompanying financial statements.

In accordance with "Income Taxes" FASB Accounting Standards Codification Topic 740 (Topic 740), all entities are required to evaluate and disclose income tax risks. Topic 740 clarifies the accounting for uncertainty in tax positions and prescribes guidance related to the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The tax benefit from an uncertain tax position is only recognized in the Statement of Financial Position if the tax position is more likely than not to be sustained upon an examination, based on the technical merits of the position. Interest and penalties, if any, are included in expenses in the Statement of Activities. As of June 30, 2020, the Organization had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.

The Organization's income tax returns are subject to review and examination by federal authorities. The Organization is not aware of any activities that would jeopardize its tax-exempt status. The Organization is not aware of any activities that are subject to tax on unrelated business income, excise or other taxes. The tax returns for the fiscal years ended from 2016 to 2018 are open to examination by federal authorities.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(1) Organization and Summary of Significant Accounting Policies (Continued)

(g) Functional Allocation of Expenses

The cost of providing the various programs and other activities of the Organization has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(h) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(i) Prior Period Comparative Data

The financial statements include certain prior period summarized comparative information. This information has been presented in order to provide an understanding of changes in the Organization's financial position and activities. The prior period information in the Statement of Activities is presented in total but not by net asset class and, as such, does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. In addition, certain amounts have been reclassified in order to conform to the current year's presentation.

(j) Fair Value of Financial Instruments, Concentration of Business and Credit Risks

The Organization's financial instruments are cash and cash equivalents, accounts receivable, short-term contributions receivable, long-term contributions receivable, prepaid expenses and other assets, accounts payable and accrued expenses, line of credit, notes payable, and due to related party.

The recorded values of cash and cash equivalents, accounts receivable, short-term contributions receivable, prepaid expenses and other assets, accounts payable and accrued expenses, and due to related party approximate fair value based on their short-term nature.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(1) Organization and Summary of Significant Accounting Policies (Continued)

(j) Fair Value of Financial Instruments, Concentration of Business and Credit Risks (Continued)

The recorded net present value of long-term contributions receivable approximates fair value, as the discount rate approximates market rates.

The carrying amount reported in the accompanying Statement of Financial Position for the line of credit, and long-term debt approximates fair value because actual interest rates do not significantly differ from current rates offered for instruments with similar characteristics.

Grants and contracts receivable arise as a result of agreements with third parties to provide specified services. The grants and contracts are monitored on a monthly basis and are not collateralized.

The Organization maintains its cash balances at certain financial institutions in which balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. During the year, the Organization from time to time may have had amounts on deposit in excess of the insured limits. Management believes the associated risk is minimized by placing such assets with quality financial institutions. The Organization has not experienced any losses on such accounts.

(k) Fair Value Measurements

In accordance with “Fair Value Measurements and Disclosures”, FASB Accounting Standards Codification Topic 820 (Topic 820), entities are required to make disclosures about recurring and nonrecurring fair value measurements. Topic 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements of assets and liabilities to include disclosure about inputs used in the determination of fair value using the three categories listed below.

Fair value is defined under Topic 820 as the price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. Topic 820 also establishes a three-level hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(1) Organization and Summary of Significant Accounting Policies (Continued)

(k) Fair Value Measurements (Continued)

The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability on the measurement date. The three levels of inputs to the valuation methodology are:

- Level 1 quoted prices (unadjusted) for an identical asset or liability in an active market.
- Level 2 quoted prices for a similar asset or liability in an active market or model-derived valuations in which all significant inputs are observable for substantially the full term of the asset or liability.
- Level 3 unobservable and significant to the fair value measurement of the asset or liability.

(l) Long-Lived Assets

The Organization follows the policy of lifting restrictions on contributions of cash and other assets received for the acquisition of long-lived assets when the long-lived assets are acquired.

In accordance with “Property, Plant and Equipment – Impairment or Disposal of Long-Lived Assets,” FASB Accounting Standards Codification Topic 360 (Topic 360), long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If circumstances require a long-lived asset be tested for possible impairment, the Organization first compares undiscounted cash flows expected to be generated by an asset to the carrying value of the asset. If the carrying value of the long-lived asset is not recoverable on an undiscounted cash flow basis, an impairment is recognized to the extent that the carrying value exceeds its fair value. Fair value is determined through various valuation techniques including discounted cash flow models, quoted market value and third-party independent appraisals, as considered necessary. No impairment charges have been recorded in the accompanying financial statements related to long-lived assets.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(1) **Organization and Summary of Significant Accounting Policies (Continued)**

(m) **Subsequent Events**

In preparing these financial statements, the Organization has evaluated subsequent events and transactions for potential recognition and disclosure through September 2, 2020 which is the date the financial statements were available to be issued.

(2) **Liquidity and Availability**

As of June 30, 2020, the Organization has \$6,912,080 of financial assets available within one year of the balance sheet date to meet cash needs for general expenditure. Financial assets subject to donor or other restrictions that make them unavailable for general expenditure within one year of the balance sheet date were \$697,010 as of June 30, 2020. The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

The following table reflects the Organization's financial assets as of June 30, 2020 reduced by amounts that are not available to meet general expenditures within one year of the statement of financial position date.

Cash and cash equivalents	\$ 5,621,835
Total contributions receivable, net	1,328,766
Accounts receivable, net of allowance	<u>658,489</u>
Total financial assets	7,609,090
Non-current contributions receivable, net	<u>(697,010)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 6,912,080</u>

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(3) Contributions Receivable

As of June 30, 2020, contributions are due as follows:

Less than one year	\$ 650,849
One to five years	<u>786,649</u>
	1,437,498
Less:	
Unamortized discount	(45,089)
Allowance for uncollectible pledges	<u>(63,643)</u>
Total	<u>\$ 1,328,766</u>

Interest was imputed at 3% in discounting long-term promises to give.

(4) Property and Equipment

At June 30, 2020, property and equipment consists of the following:

Land	\$ 4,773,951
Buildings	11,914,065
Building improvements	1,655,704
Construction in progress	62,823
Leasehold improvements	566,408
Equipment	3,543,847
Software	254,238
Vehicles	<u>80,089</u>
	22,851,125
Less accumulated depreciation	<u>(6,699,607)</u>
	<u>\$ 16,151,518</u>

(5) Line of Credit

The Organization has a line of credit under which it may borrow up to \$900,000 at the 30-day LIBOR rate plus 3.0% (3.16% at June 30, 2020). This line of credit is secured by property and equipment of the Organization. The outstanding balance on the line of credit agreement at June 30, 2020 was \$0. This line of credit expires December 29, 2020.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(6) Notes Payable

Notes payable consists of the following at June 30, 2020:

Note payable to bank, payable in monthly installments of \$19,033 including interest at 4.79%. Remaining principal is due March 12, 2028. This note is secured by property in East Orange County, FL. \$ 2,661,065

Note payable to bank, payable in monthly installments of \$12,045, including interest at the rate of 4.5% through May 2020. Thereafter, payable in monthly installments through May 2025 on a fifteen-year amortization schedule at the lender's prime rate at May 28, 2020, plus 1.25%. Remaining principal is due May 28, 2025. This note is secured by property in Seminole County, FL. 1,582,563

Note payable to bank, payable in monthly installments of \$2,021, including interest at the rate of 3.95% through December 30, 2021. This note is secured by property in Orange County, FL. 23,721

Note payable to bank, payable in monthly installments of interest only at 4.25% through February 2022 at which time a lump sum payment is due. This note is secured by property in Orange County, FL. 1,400,000

Note payable to lessor, payable in one lump sum upon the earlier of February 2024 or the closing date of the option. 160,000

\$ 5,827,349

At June 30, 2020, long-term debt matures as follows:

2021	\$ 197,304
2022	1,582,866
2023	191,173
2024	360,047
2025	209,971
Thereafter	<u>3,285,988</u>
	<u>\$ 5,827,349</u>

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(7) Leases

The Organization is currently leasing copier equipment, computer equipment and the Holloway, Osceola, West Orange and New Bailes locations under operating leases, which expire at various dates through 2029.

At June 30, 2020, future minimum annual rental commitments under non-cancellable lease obligations are as follows:

<u>Year-ending June 30,</u>	<u>Operating Leases</u>
2021	\$ 1,782,800
2022	1,732,200
2023	1,765,000
2024	1,816,800
2025	1,719,200
Thereafter	5,250,000

Rent expense for operating leases, including month-to-month leases, was approximately \$1,746,000 for the year ended June 30, 2020. This includes \$64,194 of in-kind rent from United Cerebral Palsy of Central Florida Memorial Foundation, Inc. (See note 10).

(8) Net Assets With Donor Restrictions

At June 30, 2020, net assets with donor restrictions are available for the following purposes or periods:

West Orange - building	\$ 977,235
West Orange - pledges	775,000
Miracles Society (*) pledges (time restriction only)	550,766
New business development	<u>7,000</u>
	<u>\$ 2,310,001</u>

* During the year ended June 30, 2020, the Organization received \$256,000 of Miracle Society pledges that have been reflected as contributions with donor restrictions in the accompanying Statement of Activities.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(9) Net Assets Released from Restriction

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

Time restriction expired	<u>\$ 135,873</u>
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(10) Related Party Transactions

The Organization operates a pediatric therapy clinic and Charter School in Orange County in a facility, which is owned by United Cerebral Palsy of Central Florida Memorial Foundation, Inc. (the Foundation). The Organization rents the facility, located at 3305 S. Orange Avenue, Orlando, Florida, on a year-to-year basis at a rate of \$240,000 for the year ended June 30, 2020. For the year ended June 30, 2020, rent in the amount of \$64,194 has been forgiven and is included in in-kind contributions.

(11) Retirement Benefit Plan

The Organization has a 403(b) Plan in which employees who normally work at least 1,000 hours of employment after their first year and are at least 18 years of age or older are eligible to participate. Eligible employees may elect to contribute a portion of their compensation to the Plan not to exceed \$18,000 or \$24,000 if age 50 or older. The Organization, at its discretion, may match participant contributions at a rate of 50% up to 6% of the employee's compensation. The Organization may also make a discretionary profit-sharing contribution. There were approximately \$92,000 of employer contributions made by the Organization during fiscal year 2020.

(12) Subsequent Event - Coronavirus Pandemic

In December 2019, an outbreak of a novel strain of coronavirus (COVID-19) originated in Wuhan, China and has since spread to other countries, including the U.S. On March 11, 2020, the World Health Organization characterized COVID-19 as a pandemic. In addition, multiple jurisdictions in the U.S. have declared a state of emergency. It is anticipated that these impacts will continue for some time. There has been an impact to the Organization's operations, such as shifting some education to on-line. Future potential impacts may include disruptions or restrictions on our employees' ability to work. Changes to the operating environment may increase operating costs. Additional impacts may include the ability of clients to continue making payments as a result of job loss or other pandemic related issues. The future effects of these issues are unknown.

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Notes to Financial Statements

(12) Subsequent Event - Coronavirus Pandemic (Continued)

In April 2020 the Organization applied for and received a loan in the amount of \$3,356,727 pursuant to the Paycheck Protection Program (PPP) established by the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act to provide relief in connection with the coronavirus pandemic. The note bears interest at 1% and is subject to a payment deferral period of six months. However, the note and related interest are subject to forgiveness when the proceeds of the loan are used to fund payroll and other allowable expenses as defined by the PPP. As of June 30, 2020, the Organization incurred \$3,356,727 of qualifying expenditures and, accordingly, has recorded that amount as PPP grant revenue in the accompanying statement of activities. In addition, as a result of the forgiveness described herein, the loan balance is considered satisfied in full as of June 30, 2020.

SUPPLEMENTARY INFORMATION

United Cerebral Palsy of Central Florida, Inc.

Schedule of Expenditures of Federal Awards and State Financial Assistance

For the Year Ended June 30, 2020

Federal/State Grantor/Pass-through Entity Federal/State Program Title	CFDA/CSFA Number	Contract Number	Period of Awards	Federal Expenditures
U.S. Department of Agriculture				
Passed through from the State of Florida Department of Agriculture and Consumer Services National School Lunch Program	10.555	1101	7/1/19 - 6/30/20	\$ 637,384
Subtotal - U.S. Department of Agriculture				<u>\$ 637,384</u>
U.S. Department of Education				
Passed through from the State of Florida Department of Health Special Education - Grants for Infants and Families - IDEA Part C	84.181	48K-2630B-0CB01	7/1/19 - 6/30/20	\$ 231,436
	84.181	48K-2670B-0CP01	7/1/19 - 6/30/20	72,607
				<u>304,043</u>
Passed through from the State of Florida Department of Education Office of Early Learning Grants to Local Educational Agencies - Title I, Part A	84.010	48K-2120B-0CB01	7/1/19 - 6/30/20	<u>173,464</u>
Improving Teacher Quality State Grants - Title II, Part A	84.367	48K-2240B-0CT01	7/1/19 - 6/30/20	<u>20,947</u>
Student Support and Academic Enrichment Grants - Title IV, Part A	84.424	48K-2410A-0C001	7/1/19 - 6/30/20	<u>11,147</u>
Twenty-First Century Community Learning Centers	84.287	48K2440B-0C001	7/1/19 - 6/30/20	<u>345,608</u>
Hurricane Education Recovery	84.398	48K-1058A-9C001	7/1/19 - 6/30/20	<u>14,768</u>
Subtotal - U.S. Department of Education				<u>\$ 869,977</u>
U.S. Department of Health and Human Services				
Passed through from the State of Florida Department of Education Office of Early Learning Passed through from Community Coordinated Care for Children, Inc. Child Care and Development Block Grant - School Readiness	93.575		7/1/19 - 6/30/20	\$ 231,362
Early Head Start	93.600		7/1/19 - 6/30/20	<u>10,900</u>
Subtotal - U.S. Department of Health and Human Services				<u>\$ 242,262</u>
Total Federal Awards				<u>\$ 1,749,623</u>
State Financial Assistance:				
State of Florida Department of Education Office of Early Learning Passed through from Community Coordinated Care for Children, Inc. Voluntary Pre-Kindergarten Education Program	48.108		7/1/19 - 6/30/20	\$ 212,047
Subtotal - State of Florida Department of Education				<u>\$ 212,047</u>
Total State Projects				<u>\$ 212,047</u>

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

**Notes to the Schedule of Expenditures of
Federal Awards and State Financial Assistance**

Year ended June 30, 2020

(1) Basis of Presentation

The accompanying schedule of expenditures of federal awards and state financial assistance (the "Schedule") includes the federal and state grant activity of United Cerebral Palsy of Central Florida, Inc., under programs of the federal and state governments for the year ended June 30, 2020. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Because the Schedule presents only a selected portion of the operations of United Cerebral Palsy of Central Florida, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of United Cerebral Palsy of Central Florida, Inc.

(2) Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Organization has not elected to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

SCHAFER, TSCHOPP, WHITCOMB, MITCHELL & SHERIDAN, LLP

Certified Public Accountants

Michael R. Schafer, CPA
Thomas R. Tschopp, CPA
Tom V. Whitcomb, CPA

541 S. Orlando Avenue, Suite 312
Maitland, Florida 32751
(407) 875-2760

Joseph P. Mitchell, CPA
Stephen J. Sheridan, CPA
Daniel M. Hinson, CPA

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors
United Cerebral Palsy of Central Florida, Inc.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of United Cerebral Palsy of Central Florida, Inc. (the Organization), which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 2, 2020.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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

Schaefer, Tschagg, Whitcomb, Mitchell & Shuilen, LLP

Maitland, Florida
September 2, 2020

SCHAFER, TSCHOPP, WHITCOMB, MITCHELL & SHERIDAN, LLP

Certified Public Accountants

Michael R. Schafer, CPA
Thomas R. Tschopp, CPA
Tom V. Whitcomb, CPA

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Maitland, Florida 32751
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Joseph P. Mitchell, CPA
Stephen J. Sheridan, CPA
Daniel M. Hinson, CPA

Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Directors
United Cerebral Palsy of Central Florida, Inc.

Report on Compliance for Each Major Federal Program

We have audited United Cerebral Palsy of Central Florida, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of United Cerebral Palsy of Central Florida, Inc.'s major federal programs for the year ended June 30, 2020. United Cerebral Palsy of Central Florida, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of United Cerebral Palsy of Central Florida, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about United Cerebral Palsy of Central Florida, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of United Cerebral Palsy of Central Florida, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, United Cerebral Palsy of Central Florida, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2020.

Report on Internal Control Over Compliance

Management of United Cerebral Palsy of Central Florida, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered United Cerebral Palsy of Central Florida, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of United Cerebral Palsy of Central Florida, Inc.'s internal control over compliance.

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Schater, Tschoff, Whitcomb, Mitchell & Shuilen, LLP

Maitland, Florida
September 2, 2020

**United Cerebral Palsy of Central Florida, Inc.
Schedule of Findings and Questioned Costs
Year Ended June 30, 2020**

I. Summary of the Audit Results

1. The auditors' report expresses an unqualified opinion on the financial statements of United Cerebral Palsy of Central Florida, Inc.
2. No significant deficiencies or material weaknesses were disclosed during the audit of compliance and on internal control over financial reporting based on an audit of financial statements performed in accordance with government auditing standards.
3. No instances of noncompliance material to the financial statements of United Cerebral Palsy of Central Florida, Inc. were disclosed during the audit.
4. No significant deficiencies or material weaknesses were disclosed during the audit of compliance with requirements applicable to each major program and internal control over compliance in accordance with the Uniform Guidance.
5. The auditors' report on compliance for the major Federal award programs for United Cerebral Palsy of Central Florida, Inc. expresses an unqualified opinion.
6. There are no audit findings relative to the major Federal award program for United Cerebral Palsy of Central Florida, Inc. that are required to be reported in accordance with 2 CFR Section 200.516(a).
7. The program tested as a major program was:

U.S. Department of Agriculture CFDA #10.555 – National School Lunch Program.
8. The threshold for distinguishing Types A and B programs was \$750,000.
9. The auditee did not qualify as a low-risk auditee.

II. Financial Statement Findings

1. No matters reported.

United Cerebral Palsy of Central Florida, Inc.
Schedule of Findings and Questioned Costs
Year Ended June 30, 2020

III. Findings and Questioned Costs – Major Federal Programs

None

V. Other Issues

No summary schedule of prior audit findings is required because there were no prior audit findings related to Federal programs. No Corrective Action Plan is required because there were no findings required to be reported under the Federal Single Audit Act.

ITEM 5.C

FEE WAIVER GRANTS

Item Details

Fee Waiver Grant Applications. The board will review, discuss and score each application to be recorded for final grant determination.

Viva Osceola

By Their Fruits Gala

YouthFit

Masquerade Ball

Boo on Broadway

Orlando Japan Festival

NCCAA DII Women's Volleyball

Hispanic Chamber Expo

Attachment(s):

1. 2021 Viva Osceola Binder 2
2. 2021 By Their Fruits Gala e-binder
3. 2021 YouthFit Binder 2
4. 2021 Masquerade Ball e-binder
5. 2021 Boo on Broadway Binder2
6. 2021 Orlando Japan Festival Binder 2
7. 2021 NCCAA Volleyball Championship e-binder
8. 2021 Hispanic Chamber Expo Binder 2

FEE WAIVER GRANT RANKING FORM

Organization Name: KISSIMMEE CHAMBER

Event Name: VIVA OSCEOLA

Event Date: 10/9/21

Year of fee waiver award: 2

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$3,000

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Kissimmee/Osceola County Chamber Of Commerce

Full Legal Name of Organization

John Newstreet

Name of Chief Officer/President

407-847-4434

Telephone Number

407-973-6525

Mobile Number

Organization Address *

1425 E Vine Street

Street Address

Kissimmee

City

Florida

State/Region/Province

34744

Postal / Zip Code

United States

Country

Eligibility/Type *

☐ Non-Profit ☐ Government ☒ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Event Contact Information

Kayla Rogers

Name of Event Contact

Director of Special Events

Title of Event Contact

407-973-6525

Telephone

kr Rogers@kissimmeechamber.com

Email

Event Information

Name of Event *

Viva Osceola

Fee Waiver Grant Program Request

Start Date & Time of Event *

10/09/2021 11:20 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/09/2021 11:20 AM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

1,200

Brief Description of Event *

Viva Osceola has become the largest Hispanic festival bringing thousands of people to Osceola County. It will bring the best of Latin music and is one of the top three Hispanic Festivals in Central Florida. Viva Osceola is one of the few Hispanic festivals in Central Florida that is still FREE to the community.

Grant Request Amount *

3000.0

USD

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

10/09/2021 07:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/09/2021 07:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

☒ Yes ☐ No

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Will your event require tents? *

☒ Yes ☐ No

Fee Waiver Grant Program Request

Will your event require vehicle access to the park?

☒ Yes ☐ No

Will your event require road closures? *

☐ Yes ☒ No

Will your event require portable restrooms? *

☒ Yes ☐ No

Will your event require utilities? *

☐ No ☒ Power ☐ Water

Will your event hire outside production companies? *

☒ Yes ☐ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

If you are hiring outside production company, provide the name, point of contact, and phone number. *

Art and Sound Entertainment

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☒ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

☒ Yes ☐ No

Will your event require a DJ?

☒ Yes ☐ No

Fee Waiver Grant Program Request

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Will your event have performers?

☒ Yes ☐ No

If you are having performers, please list if they are local, national, or international.

Local performers

Audio / Visual

Is this an indoor event?

☐ Yes ☒ No

Promotions

Will your event require banners to be hung? *

☒ Yes ☐ No

At what level will your event be promoted? *

☒ Local ☐ Regional ☐ National

Will the media be invited? *

☒ Yes ☐ No

If the media will be invited, what type of media will be expected? *

Radio, Newspaper, Social Media, and TV Media

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

N/A

Fee Waiver Grant Program Request

How long has the sponsoring organization physically been in operation? *

Since 1908

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

Main Contacts:

John Newstreet - CEO/President

Cindy Lewis - Executive Vice President

Kayla Rogers - Special Events Director

We recruit volunteers through our non-profit partners and membership directory. We also have many volunteers from the Hispanic Business Council who support the day's festivities.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☒ Yes ☐ No

If yes, please identify the event(s). *

Three Kings Day Osceola (several years)

Viva Osceola (several years)

Osceola Update (3 years)

Taste of Osceola

Toho Big Fish Blast (several years)

Has this specific event been previously produced? *

☒ Yes ☐ No

If so, when and where was the event held? *

2019 Kissimmee Lakefront Park

What is the uniqueness of the proposed event? *

It is a celebration of one of the largest demographics in our community.

Providing food, music, and art for locals to enjoy.

How does the proposed event support the organization's mission and impact to residents? *

Our mission is to be champions for business and community. Viva Osceola provides a platform for us to support local businesses exposure and revenue (through booth space) it also drives business into the downtown district. Viva Osceola also supports the community by providing a safe, fun, and cultural event for attendees to enjoy.

Fee Waiver Grant Program Request

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☒ Yes ☐ No

Is so, please describe the impact:

This event provides a platform for local businesses to interact with a large amount of locals who will return to their business in the future for their needs. It also provides an economic impact with a targeted audience who is ready to support the businesses at the event while enjoying a day of celebration. Guests in the past have also ventured into downtown Kissimmee to continue their day of shopping, eating, and exploration.

Please attach your itemized event budget.



Viva_Income_and_Expense.docx

Marketing

How does the proposed event benefit the image or reputation of the City? *

This event benefits the City of Kissimmee by providing a positive family celebration of the largest demographic in our area.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Social Media, Newspaper, Website, and (possibly) Radio.

How much money will the sponsoring organization commit towards advertising? *

\$5,000.00

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☐ Yes ☒ No

Has the sponsoring organization solicited local vendors to support the event?

☒ Yes ☐ No

Fee Waiver Grant Program Request

If so, please identify all vendors that have committed to the event: *

KUA
Toho Water Authority

Revenue

Sponsorships	\$20,000.00
Booth Space Rental	\$10,000.00
Concessions	\$5,000.00
Kissimmee Grant (in Kind)	\$3,000.00
Total:	\$38,000.00

Expenses

Advertising/Promotions	(\$5,000.00)
Printing	(\$500.00)
Venue	(\$3,000.00)
Entertainment	(\$6,000.00)
Audio/Visual	(\$5,500.00)
Insurance	(\$3,000.00)
Equipment Rental	(\$10,000.00)
Total:	(\$33,000.00)
Projected Profit/Loss:	\$5,000.00

SECTION 6.1 – 2019-2020 ACTUAL EVENT/PROJECT BUDGET REPORT:**Event/Project Name:** Viva Osceola**Organization:** Kissimmee Osceola County Chamber of Commerce**Contact:** Belinda Olivera**Phone:** 407-847-4434**Number of Event****Attendees:** 5500**Estimated RoomNights:** 100**Grant Funds****Received:** \$20000**FundsUsed:** \$20000

LIST ALL REVENUE	2019-2020 List Projected	
	Revenue & Expenses (Transfer from application)	2019-2020 List Actual Revenue & Expenses
Tourism Enhancement Grant Funds	\$30,000	\$20,000.00
Admissions	\$	\$
Concessions	\$5,000	\$5,967.33
Sponsorships	\$45,000	\$32,900.00
Booth Space	\$16,000	\$17,650.00
Advertising Revenue	\$	\$
Sale of Promotional Items	\$	\$
In-Kind Revenue	\$	\$72,036.00
Other: (Government funding, Other Grants, Sponsorships, Etc.)	\$3,000	\$3,000.00
Total Revenue (Including Grant Funds)	\$96,000	\$151,553.33
LIST ALL EXPENSES		
Administrative	\$5,000	\$750.22
Advertising/Promotions	\$35,000	\$20,377.63
Printing	\$1,000	\$2,115.35
Promotional Items	\$	\$100
Concessions	\$	\$
Awards	\$	\$
Travel	\$	\$
Talent	\$20,000	\$18,550.50
In-Kind Expense	\$	\$72,036.00
Other: Venue	\$12,000	\$12,447.00
Insurance	\$1,000	\$150.00
Rentals: Stage/ Tables/Portos	\$5,000	\$3,330.00
A/V & Photography	\$6,000	\$6,283.00
Promoter	\$5,000	\$6,936.13
Total Expenses	(\$85,000)	(\$143,075.83)
NET PROFIT/LOSS	\$6,000	\$8,447.50

I certify that the marketing and financial reports are a true and accurate reflection of the expenditure of Tourist Development Tax funds

Name: Belinda Olivera**Signature:** 

SECTION 6.2 – 2017-2018 VENDOR CATALOG:

****All vendors must have an invoice, check number and amount****

Vendor	Description of Item	Date Material Ran/Printed	Invoice Number	Check Number	Amount
La Feria	Flyers/Posters/Banners	9/1/19-10/12/19	00013	18207	\$5000
iHeart - Orlando	302 Radio Spots	9/30/19-10/7/19	5854906	18227	\$3504.00
iHeart – Orlando	LED Truck	9/17/19	N/A	18320	\$500
Telemundo	Web Advertising and 70 Commerical Spots	9/30/19-10/12/19	971979	18233	\$3000
iHeart - Tampa	120 Radio Spots	9/2/19-9/23/19	5829645	18280	\$1000.80
El Osceola Star	4 Full Page Ads	9/20/19-11/19/19	12118	18279	\$2000
Q Broadcasting Viva Radio	250 Radio Spots	9/1/19-10/11/19	19070050	18222	\$3000
Facebook	Boosted Event Page	9/12/19-10/12/19	N/A	Credit	\$222.83
Outfront Media	12 Digital Rotary Billboard	9/30/19-10/13/19	2986623	eCheck	\$2000
Osceola News Gazette	Web Advertising	9/24/19-10/12/19	21530	18329	\$150
					\$

LA FERIA

LA FERIA SALSERA

3110 OLD CANOE CREEK ROAD
SAINT CLOUD FL, 34772
(407)791-8784

INVOICE- 00013
SUBMITTED ON 7/4/2019

INVOICE FOR:

CHAMBER OF COMMERCE KISSIMMEE/
OSCEOLA
1423 E. VINE ST
KISSIMMEE, FL 34744
(407)910-8661

*a/o
J. N. Smith*

PROJECT:
VIVA OSCEOLA

PAYABLE TO:
LA FERIA SALSERA

DESCRIPTION	TOTAL PRICE
30,000 FLYERS (PRINT)	\$500.00
200 POSTERS.	\$250.00
10- 4X6 BANNERS	\$750.00
5- VIDEOS SOCIAL MEDIA.	\$750.00

LA FERIA

FACEBOOK (SPLITTING \$1000 BUDGET LAST YEAR)	\$500.00
STREET TEAM(3 MONTHS N 2 WEEKS)	\$1,300.00
5-VOICE OVER	\$500.00
PHOTOGRAPHY	\$250.00
5-DESIGNER (FLYER,POSTER,BANNERS)	\$200.00
MARKETING LA FERIA SALSERA	\$5,000.00

LA FERIA



Presented by



Saturday
October 12th 2019

28th Anniversary

VIVA
Osceola

From
Puerto Rico

**Charlie
Aponte**

Ysu Orchestra

KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE

Brenda Starr

**SON LATINO
de Orlando**

CITY OF
KISSIMMEE
1883

FREE Family Event

FREE PARKING

12PM-7PM

Gerogie DJ

Toho
Water
Authority

*Darwin
Rivero*

FREESTYLE
ARTISTS

Benny Veles

HISPANIC

BUSINESS COUNCIL
KISSIMMEE/OSCEOLA COUNTY

**SPECTRUM
NEWS 13**

VIVA
"OSCEOLA VIVA LA SALUD"
99.5FM/103.0AM



**OSCEOLA
STAR.com**

Florida Blue

RTW Charter
PHOTOGRAPHY COMMUNICATIONS

Staywell
A Wellco Company

**iHeart
RADIO**

Orlando

365JeeLife

**ORLANDO
HEALTH**

RUMBA
100.3

Kissimmee Lake front

**T31
TELENOTICIAS**

For Vendor (407)847-4434 Info: (407)401-4178 (407)791-8784
www.kissimmeechamber.com



TO: Belinda Olivera - Special Events Director
FROM: Laura Kam, Promotions Manager
DATE: 7/10/19
RE: Viva Osceola- Lakefront Park- October 12, 2019

Promotional window: 9/28-10/12

Rumba 100.3 to provide:

- ★ Inclusion in a minimum of 20 live mentions
- ★ Event included in Rumba Events Calendar
- ★ Cross promoted on social media
- ★ Talent for stage announcements
- ★ Station onsite

Accion 97.9 to provide:

- ★ Inclusion in a minimum of 40 recorded mentions
- ★ Inclusion in a minimum of 30 live mentions
- ★ Event included in Accion Events Calendar
- ★ Cross promoted on social media
- ★ Talent for stage announcements
- ★ Station Onsite
- ★ On-air interview

Mega 97.1

- ★ Inclusion in a minimum of 40 recorded mentions
- ★ Inclusion in a minimum of 30 live mentions
- ★ Event included in La Mega Orlando Events Calendar
- ★ Cross promoted on social media
- ★ Talent for stage announcements
- ★ Station Onsite

iHeartMedia Orlando Requests:

- ★ Advertising buy
- ★ iHeartMedia will keep 75% revenue on every sponsorship sold by iheart after; Kissimmee/Osceola Chamber of Commerce will get 25% of any sponsorship sold by iheart 10% sales commission paid.
- ★ iheart will advise The Kissimmee Osceola Chamber of when iheart a sponsorship as to ensure no conflicts. (Title sponsorships are one per industry, currently have Kissimmee/Utility Authority as Title Sponsor so no other utility company can come in at their level).
- ★ No other utility sponsors will be brought in at the title level.
- ★ Kissimmee Osceola Chamber can add/coordinate additional after signing
- ★ Radio station exclusivity (in a competing radio station is on-site, producer must reimburse iHeartMedia Orlando the full value of the promotion)
- ★ 10x20 space on-site
- ★ Talent on-stage
- ★ Stations' logos included in all marketing and promotion for the event, including print, TV, digital, etc.
- ★ Banners on stage and on-site
- ★ Name recognition from stage, LED screens, etc.

Total Promotional Value: \$75,540

RUMBA ORLANDO
iHeart

Total Investment \$ 3,504 you will get:

- ★ 126 spots of 30seg in Accion 97.9
 - ★ 126 spots of 30seg in Mega 97.1
 - ★ 50 spots of 15seg in Rumba 100.3
 - ★ Week 26th-30th SEP we will give 10 VIP Meet and Greet from 10a-3p in WRUM 100.3 (1 set of 2 per day)
- Total 120 spots from Sep 30th-2019 thru October 12th -2019

Client Approval



Date

July 23, 2019

RUMBA ORLANDO
iHeart

PROPOSAL



PARRA, PAOLA

Prepared for:

Kissimmee Osceola County Chamb

1425 E Vine St

Kissimmee, Florida 34744

Date: 07/22/2019 03:23
Advertiser: Kissimmee Osceola County Chamb
Spots: 302
Total Gross Cost: **\$3,504.00**
Rates guaranteed until 07/29/2019

Summary

Advertiser Kissimmee Osceola County Chamb
Customer ID 00001708
Title VIVA OSCEOLA-OCT 12
Proposal Number 5854906
Billing Options Broadcast
Market - Survey(s) Orlando - Jun '19
Demographics Persons 25-54

Spot Schedule

BRUM-FM--- Mega 98.1

2 Weeks: 9/30-10/7

Daypart/Program	Len	Spots	
Mon-Fri 6am-10am	30	16	
Mon-Fri 10am-3pm	30	18	
Mon-Fri 3pm-7pm	30	14	
Mon-Sun Midnight-Midnight	30	15	
Weekly Total	63		\$302.00
Flight Total	126		\$604.00

WRSO-AM- Accion 97.9

2 Weeks: 9/30-10/7

Daypart/Program	Len	Spots	Rate
Mon-Fri 6am-10am	30	16	\$5.00
Mon-Fri 10am-3pm	30	18	\$5.00
Mon-Fri 3pm-7pm	30	14	\$6.00
Mon-Sun Midnight-Midnight	30	15	\$0.00
Weekly Total	63		\$254.00
Flight Total	126		\$508.00

WRUM-FM- Rumba 100.3

1 Week: 9/30

Daypart/Program	Len	Spots	Rate
Sat 8am-6pm	15	10	\$5.00
Sat-Sun 8am-6pm	15	10	\$30.20
Weekly Total	20		\$352.00

Rumba Orlando
iHeart

Flight Total

20

\$352.00

1 Week: 10/7

Daypart/Program	Len	Spots	Rate
Mon-Fri 6am-7pm	15	15	\$135.00
Mon-Sat Midnight-Midnight	15	15	\$1.00

Weekly Total

30

\$2,040.00

Flight Total

30

\$2,040.00

Proposal Totals

	Spots	Gross
BRUM-FM	126	\$604.00
WRSO-AM	126	\$508.00
WRUM-FM	50	\$2,392.00
Total	302	\$3,504.00

LED TRUCK
iHeart



CONTRACT



WTMO
1650 Sand Lake Rd, Ste 340
Orlando, FL 32809
(407) 888-2288

<u>Contract / Revision</u> 971979 /		<u>Alt Order #</u>
<u>Product</u> VIVA OSCEOLA 2019		
<u>Contract Dates</u> 09/30/19 - 10/12/19		<u>Estimate #</u>
<u>Advertiser</u> KISSIMMEE OSCEOLA COUNTY CHAMBER C		<u>Original Date / Revision</u> 07/03/19 / 07/03/19
<u>Billing Cycle</u> EOM/EOC	<u>Billing Calendar</u> Broadcast	<u>Cash/Trade</u> Cash
<u>Property</u> WTMO	<u>Account Executive</u> Marisol Otero	<u>Sales Office</u> WTMO Local
<u>Special Handling</u>		
<u>Demographic</u> RA1849		
<u>Agency Code</u>	<u>Advertiser Code</u>	<u>Product 1/2</u>
<u>Agency Ref</u> 48431		<u>Advertiser Ref</u> 47036

And:

KISSIMMEE OSCEOLA COUNTY CHAMBER OF COMMERCE
1425 E VINE ST
KISSIMMEE, FL 34744
USA

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/Week	Rate	Rtn	Type	Spots	Amount
N 1	WTMO	09/30/19	10/12/19	7:00 AM-11:30 PM	7:00 AM-11:30 PM	MTWTFSS	:30	0	\$50.00	0.00	NM	60	\$3,000.00
N 2	WTMO	10/07/19	10/12/19	12:00 AM-12:00 AM	12:00 AM-12:00 AM	MTWTFSS-	:30	0	\$0.00	0.00	NM	10	\$0.00
Totals								0.00				70	\$3,000.00

Time Period	# of Spots	Gross Amount	Net Amount
09/30/19 - 10/12/19	70	\$3,000.00	\$3,000.00
Totals	70	\$3,000.00	\$3,000.00

Signature: [Signature] Date: July 15, 2019

(* Line Transactions: N = New, E = Edited, D = Deleted)
FOR NBC & TELEMUNDO STATION AND COZITV NETWORK CONTRACTS:

This Confirmation Contract Part I, together with the NBC/Telemundo TV Stations Confirmation Contract Part II or the CoziTV Network Advertising Agreement-Part II (the "Part IIs"), as applicable, which have previously been provided under separate cover and/or are available upon request, shall constitute an agreement among the Advertising Agency named above, the Advertiser named above and NBC/Telemundo and/or the CoziTV Network for the advertising as herein provided. Advertiser and Agency shall be jointly and severally liable for all liabilities and obligations of either party hereunder. Except as expressly set forth in the applicable Part II, all warranties, whether express or implied, are hereby disclaimed. Unless otherwise agreed in writing and except as otherwise provided in the applicable Part II, either Agency or NBC/Telemundo and/or the CoziTV Network may terminate this order only by written notice to the other at least 28 days prior to the effective date of such termination. NBC/Telemundo and/or the CoziTV Network is proceeding in reliance on your acceptance of and agreement to the terms set forth herein, including all terms and conditions contained in the applicable Part II, with respect to your advertising commitment as set forth above.

FOR NBCE CONTRACTS:

NBC Everywhere Confirmation Contract: Part I ("Part I"), together with the NBC Everywhere Terms and Conditions Part II ("Part II"), which has previously been provided under separate cover and/or is available upon request, shall constitute an agreement among the Advertising Agency named above, the Advertiser named above and NBC Everywhere, a division of NBC Universal, Inc. ("NBCU") as agent for the billing and payment related to the out of home platform advertising as herein provided. Advertiser and Agency shall be jointly and severally liable for all liabilities and obligations of either party hereunder. Except as expressly set forth in Part II, all warranties, whether express or implied, are hereby disclaimed. Unless otherwise agreed in writing and except as otherwise provided in Part II, either Agency or NBCU may terminate this order only by written notice to the other at least 60 days prior to the effective date of such termination; except all advertisements on the Premier Retail Network are firm and non-cancellable by Agency. NBCU is proceeding in reliance on your acceptance of and agreement to the terms set forth herein, including all terms and conditions contained in Part II, with respect to your advertising commitment as set forth above. The delivery of material or traffic instructions by the Agency or Advertiser relating to any advertising specified on this Part I shall confirm your consent to the terms and provisions of this Part I and Part II.

Your Partner in Success **FTC** Florida Technical College

Programas 100% en Español

Artes Culinarias
Belleza
Construcción

Más Información ▶

Presented by **KUA** Kissimmee Authority

28th Anniversary

VIVA Osceola

October 12th 2019

Brenda k Star

FREE Family Event

FREE PARKING

12PM-7PM

SON LATINO de Orlando

For Vendor (407)847-4434 Info: (407)401-4178 (407)791-8784

www.kissimmeechamber.com

201 LAKEVIEW DRIVE KISSIMMEE FL 34741

Logos: Kissimmee Lakefront, Kissimmee Chamber of Commerce, Kissimmee, Osceola, Staywell, RTW, Orlando, AdventHealth, Florida Blue, Humana, Spectrum News 13, T31 Telemundo, iHeart Radio, Osceola Star, 365, Rumba, La Fuerza Potente Pura Salsa, Darwin Rivera, Charlie Abente y su Orquesta, Son Latino de Orlando, Brenda k Star, Norma Jay, Freestyle Artists, Viva, Orlando Health, Hispanic, City of Kissimmee, Toho Water Authority.

PRIMERA ALERTA

Azalea Park, FL Cambiar ▾

81° Claro
Se siente como 86°

MAR	MIÉ	JUE	VIE
88°/74°	87°/72°	90°/73°	90°/74°

Más del tiempo ▶

PRONÓSTICO EXTENDIDO

AdventHealth

LA UNIVERSIDAD DE FLORIDA

MULTIMEDIA



PROPOSAL**Prepared for:****Kissimmee Osceola County Chamb**

1425 E Vine St

Kissimmee, Florida 34744

Date: 07/02/2019 12:36

Advertiser: Kissimmee Osceola County Chamb

Spots: 120

Total Gross
Cost: **\$1,000.80**

Rates guaranteed until 07/09/2019

Summary

Advertiser Kissimmee Osceola County Chamb
Customer ID 00001708
Title Viva Osceola 2019
Proposal Number 5829645
Billing Options Broadcast

Spot Schedule**RUMBA 106.5**

4 Weeks: 9/2-9/23

Daypart/Program	Len	Spots	M	T	W	Th	F	Sa	Su	Rate	Gross
Mon-Fri 6am-7pm	30	15	X	X	X	X	X			\$16.68	\$1,000.80
Mon-Sun 6am-7pm	30	15	X	X	X	X	X	X	X	\$0.00	\$0.00
Weekly Total		30									\$250.20
Flight Total		120									\$1,000.80

Proposal Totals

	Spots	Gross
RUMBA 106.5	120	\$1,000.80
Total	120	\$1,000.80

El Osceola Star Newspaper

Invoice

P.O. Box 450834
Kissimmee, FL 34745
Phone: 407.933.0174

Date	Invoice #
8/14/2019	12118

Bill To
KISSIMMEE/OSCEOLA CHAMBER OF COMMERCE ATTN: ACCOUNTS PAYABLE/TINA BEAN 1425 E. VINE STREET KISSIMMEE, FL 34744

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	4 full page full color ads to be posted on Sep 20, Sept 27, Oct 4 & Oct 11/19 with one weekly mention on our social media networks including Facebook and Twitter, for Instagram you will need to supply a different side ad. The total added value of this package is \$5,500 if our logo appears on all printer and social media materials.	2,000.00	2,000.00
		Total	\$2,000.00

Presented by

KUA KISSIMMEE UTILITY AUTHORITY

EXPERIENCE **Kissimmee** FLORIDA

f **ROCK TOUR**

Saturday
October 12th
2019
28th Anniversary

Charlie Aponte
From Puerto Rico
y su Orchestra

Brenda K Star

VIVA Osceola

SON LATINO
de Orlando

CITY OF **KISSIMMEE**
1883

KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE

FREE Family Event
FREE PARKING
12PM-7PM

FRANKIE G

Darwin Rivero

Toho Water Authority

La Fuerza Potente
Pura Salsa

Gerogie DJ

Freestyle Artists
Benny Velez

Ray J
ORCHESTRA
y Norma Jay

HISpanic
BUSINESS COUNCIL
KISSIMMEE/OSCEOLA COUNTY

Humana

Florida Blue

Staywell
A WellCare Company

ORLANDO HEALTH

Advent Health

RTW PHOTOGRAPHY

SPECTRUM NEWS 13

iHeart RADIO

RUMBA
91003

365 Jeeplife

Kissimmee Lake front

OSCEOLA STAR.com

TELEMUNDO ORLANDO

For Vendor (407)847-4434 Info: (407)401-4178 (407)791-8784
www.kissimmeechamber.com
201 LAKEVIEW DRIVE KISSIMMEE FL 34741

EL OSCEOLA STAR

Kissimmee Noticias / News

OSCEOLA COUNTY SCHOOL FOR THE ARTS

Ad sponsored by
OSCEOLA STAR

VETERANS TRIBUTE VARIETY SHOW

NOVEMBER 10, 2019
4PM

Osceola Performing Arts Center
3151 North Orange Blossom Trail
Kissimmee, FL 34744

\$10 Adult
\$5 Child
FREE for Veterans



Brenda K Star - Fotos por Dilia Castillo - Osceola Star

Viva Osceola 2019

Kissimmee, FL – El pasado sábado, 12 de octubre tuvo lugar el 28vo festival de Viva Osceola 2019, presentado por Kissimmee Utility Authority, donde las personas se deleitaron de la música latina, la excelente comida, además de disfrutar de una tarde memorable durante la celebración del festival hispano más grande y antiguo del Condado Osceola y el sur de Orlando.

Viva Osceola 2019

Kissimmee, FL – On Saturday, October 12, was celebrated Viva Osceola 2019 festival, presented by Kissimmee Utility Authority. People enjoyed Latin music, excellent food, as well as a memorable afternoon during the Osceola County and South Orlando's largest and oldest Hispanic festival.

Increíbles Precios a su alcance

Porta Coeli
Funeraria y Crematorio

Ofrecemos planes de pago mensuales sin intereses para servicios funerales por adelantado y muchas alternativas que se ajustan a sus necesidades económicas.

100% CREDITO

tenemos nuestro propio cementerio, crematorio y servicio de floristería

407-846-2804
Estamos disponibles 24 horas.
2801 East Osceola Parkway, Kissimmee, FL 34743
PortaCoeliFH.com



Aren de Juegos de KUA



Charlie Aponte

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Follow us: El Osceola Star Newspaper

facebook

OSCEOLA STAR

El OSCEOLA STAR
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PO Box 450834, Kissimmee, FL 34741
Phone : (407) 933-0174 • Fax : (407) 933-0190

PUBLISHER
El Osceola Star Newspaper, INC.
921 Emmett Street, Kissimmee, FL 34741

EDITOR
Guillermo Hansen
E-mail: ghansen@elosceolastar.com

GENERAL MANAGER
Yolanda López
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OFFICE MANAGER
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ADVERTISING
Jorge Pérez
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DESIGN & PRODUCTION
Yolanda Duarte
E-mail: artstarmews@aol.com

COLABORATORS
Yanin Hansen
Bryan Hansen
Dilia Castillo
Yurima Suárez
Lissette Lugo

LEGAL COUNSELORS
Louis Dávila Esq
Alfred Torres, Esq

VIVA RADIO



WONQ-1030am
Q Broadcasting Corp.
1355 E Altamonte Drive
Altamonte Springs, Florida 32701

WONQ Invoice

Invoice ID: 19070050
Invoice Date: 7/1/2019
Account ID: 1022
Order ID: 1022-001
Account Rep: Elio Aguilar

Amount Due: \$3,000.00

Amount Paid: _____

KISSIMMEE/OSCEOLA COUNTY CHAMER OF COMMERCE
1425 EAST VINE STREET
KISSIMMEE, FL 34744

Thanks for Advertising With Us.

Please Make Checks Payable To Q-Broadcasting Corporation.

Sponsor: Viva Osceola / Prebill for the period 7/1/2019 - 7/28/2019
Viva Osceola Spot Bank 250 Spots

Page 1

Dates	Qty	Description	Rate	Cost
7/1/2019 - 7/28/2019	1	Package	3,000.00	3,000.00
0 Total Items			Total Cost:	\$3,000.00

Amount Due: **\$3,000.00**

Broadcast Contract / Order

1355 E. Altamonte Dr.
 Altamonte Springs, FL 32701
 Tel. (407) 830-0800 Fax: (407) 260-6100



Agreement between **Advertiser/Agency** named hereon,
 Herein after referred to as **Advertiser** and **WONQ RADIO**,
 Herein after referred to as **STATION** to broadcast
 programs or announcements as specified hereon.

No. of Weeks: 8 Spots per Week: TBD
 Rate Card: PKG Total No. Spots: 250

Advertiser: Viva Osceola
Agency: N/A
Address: 1425 E Vine Street
City,State Kissimmee, FL 34744
Phone:
Cell: 407-910-8661
Product: Various
Ordered by: Kissimmee/Osceola County
Date: 05/31/2019
Salesman: Elio Aguilar

Start	End	Time	Type	M	TU	W	TH	FS	SU	#SPT	Total Cost
Bank	of	Spots	:60							250	\$3,000

Terms:

- Payment in advance to Q-Broadcasting
- Bank of Spots, to be used in 60 days from first airing date

This is a legal contract between the client and WONQ Radio; the client is fully responsible for the total amount of this contract. If contract is cancelled prior to its expiration day WONQ has the right to take legal actions to collect the full amount of this contract. Payment must be made weekly in advance and if we do not receive payment in advance the spots will not air. WONQ will not credit you for any time not aired; it is your responsibility to pay for that time. TFN Means "Until Further Notice" and can be cancelled by station at any time. TFN Clients must give a 2-week notice prior to cancellation. Credit Card transactions are subject to a processing fee if paid by phone.

ACCEPTED BY

Advertiser

APPROVED BY

Station Representative

Events

Events

Calendar

Birthdays

Discover

Hosting

Create Event

Manage Page Events

Kissimmee/Osceola Co...

Hispanic Business Cou...

Young Professionals of ...



OCT 12

Viva Osceola

Public · Hosted by Viva Osceola and 6 others · 2 co-hosts pending [?]

Interested

Saturday, October 12, 2019 at 12 PM – 7 PM
2 days ago

Kissimmee Lakefront Park
201 Lakeview Drive, Kissimmee, Florida 34741

Show Map

Hosted by Viva Osceola
Typically replies within a few hours

Message Host

About

Discussion

Write Post

Add Photo/Video

Live Video

Create Poll



Write something...

FROM NOTIFICATIONS · Edit Settings



Viva Osceola updated the event cover photo.

Published by Ronno Olivera · September 25 at 10:35 PM ·



4

People Reached

48

Engagements

Boost Unavailable

You and 44 others

2 Comments 1 Share

Like

Comment



Yessenia Rivera De Jesús Mary Dejesus

Like · Reply · Message · 2d



Write a comment...

RECENT ACTIVITY

INSIGHTS

See More

64.4K

People Reached

+11K last 7 days

6.4K

Responses

+1K last 7 days

Audience

500

Ticket Clicks

+174 last 7 days

Women 45-54

26% of ticket clicks

English (US) · Español · Português (Brasil) · Français (France) · Deutsch

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Facebook © 2019

YOUR GAMES

MORE

YOUR PAGES

SEE ALL

Kissimmee/Osceola C... 1

Catering Bosses 1:

ORAC - Osceola Resort A...

CONTACTS

Caare Loveskids

Christina Pilkington

Christy Henderson

CT Tourai

Laura Rothlein

Aisha Noelle

Jessica Vazquez

Julissa Guerra

OUTFRONT

ADVERTISER AGREEMENT

PAGE 1 OF 4

OUTFRONT

OUTFRONTmedia
635 W. Michigan Street
Orlando, FL 32805
(407) 975-0202
(407) 975-0217

Advertiser Bill-To# 1123950
Kissimmee Chamber Of Commerce
1425 E Vine St.
Kissimmee, FL 34744
407-847-4434
Attn: John Newstreet

CONTRACT NO.: 2986623

DATE: 09/12/19

ADVERTISER: Kissimmee Chamber Of Commerce

CLIENT SUPPLIES PRODUCTION: Yes

BRAND:

ACCOUNT EXECUTIVE:

Mark Peoski (M34)

CAMPAIGN: Viva Osceola

Copy must meet Production specifications and be received 10 working days prior to each advertising period.

THIS AGREEMENT AND THE COPY TO BE DISPLAYED HEREUNDER IS SUBJECT TO THE APPROVAL OF OUTFRONT MEDIA'S MARKET GENERAL MANAGER AND THE OWNER OF THE LOCATION AS APPLICABLE

Subject to the terms of the Production Information Addendum Page and the OUTFRONT Media Terms and Conditions of Advertising Service each attached hereto and made a part hereof, "ADVERTISER/AGENCY" hereby contracts with OUTFRONT Media ("Company") for the display of advertising Copy ("Copy") on the outdoor advertising display(s) described below, commencing approximately on the commencement date of the Advertising Period listed below. Advertiser/Agency shall provide the Copy in the form and type specified by Company.
See Production Information Addendum page for shipping quantities and addresses.

Market	Media/Location(s)	Size	GRP/ IMP 18+	Units	Advertising Period	No. of Periods	* Period Cost
Orlando, FL	Digital Bulletins - LED Rotary		1 CELL	12	09/30/19-10/13/19	50	\$4,000.00

Special Instructions:

Net Agreement Total:

\$2,000.00

THIS AGREEMENT IS NON-CANCELABLE BY ADVERTISER/AGENCY EXCEPT AS SET FORTH IN THE TERMS AND CONDITIONS ATTACHED HERETO WITH RESPECT TO TRANSIT DISPLAYS ONLY. THIS AGREEMENT CONSISTS OF THIS PAGE, THE PRODUCTION INFORMATION ADDENDUM PAGE, AND THE OUTFRONT MEDIA TERMS AND CONDITIONS OF ADVERTISING SERVICE INCORPORATED HEREIN, ALL OF WHICH ADVERTISER/AGENCY HEREBY ACKNOWLEDGES RECEIVING AND APPROVING. ANY MISSING PAGES OF THIS AGREEMENT MAY BE OBTAINED OR REQUESTED THROUGH ANY OUTFRONT MEDIA OFFICE OR REPRESENTATIVE IF LOST OR NOT RECEIVED BY ADVERTISER/AGENCY. FACSIMILE SIGNATURES SHALL HAVE THE SAME FORCE AND EFFECT AS ORIGINAL SIGNATURES. THIS AGREEMENT MAY BE EXECUTED IN SEVERAL COUNTERPARTS, EACH OF WHICH SHALL CONSTITUTE ONE AND THE SAME COPY. AGENCY AND/OR THE SIGNATORY HERETO REPRESENTS AND WARRANTS THAT THEY ARE AUTHORIZED TO EXECUTE THE SAME ON BEHALF OF AND BIND THE ADVERTISER AND THAT THE ADVERTISER APPROVES SAME.

ACCEPTED AND AGREED TO BY - OUTFRONT MEDIA

ADVERTISER/AGENCY

DocuSigned by:

Belinda Olivera

AUTHORIZED SIGNATURE - TITLE

4162EBD684474B9...

BY

DATE

PLEASE PRINT

Belinda Olivera

Special Events Director

09/13/2019 | 3:33:29 P

NAME - TITLE

* Period Codes: M=Monthly; W=Weekly; 4W=4 Weeks; D=Daily; OT=One Time TT=Till Forbid

ADVERTISER AGREEMENT - PRODUCTION INFORMATION ADDENDUM

OUTFRONT/ Advertiser Bill-To# 1123950 Kissimmee Chamber Of Commerce 1425 E Vine St. Kissimmee, FL 34744 407-847-4434 Attn: John Newstreet		CONTRACT NO.: 2986623		DATE: 09/12/19			
ADVERTISER: Kissimmee Chamber Of Commerce		ACCOUNT EXECUTIVE: Mark Peoski (M34)					
BRAND:							
CAMPAIGN: Viva Osceola							
<i>Copy must meet Production specifications and be received 10 working days prior to each advertising period.</i> THIS AGREEMENT AND THE COPY TO BE DISPLAYED HEREUNDER IS SUBJECT TO THE APPROVAL OF OUTFRONT MEDIA'S MARKET GENERAL MANAGER AND THE OWNER OF THE LOCATION AS APPLICABLE							
Market	Media/Location(s)	Size	Copy Due Date	Shipping Quantity	Shipping Address	Service AE	Ext. Fab Per Sq Ft
Orlando, FL	Digital Bulletins - LED Rotary		09/16/19	12	@Orlando Digital Outdoor Digital Outdoor Orlando, FL 32805		

Campaign Overview (Detail)

Name: Kissimmee Chamber Of Commerce
 Contract #: 2986623
 Advertiser: Kissimmee Chamber Of Commerce
 Agency:

Contracted Days: 9/30/2019 - 10/13/2019
 # Contracted Units: 12
 # Posted Units: 12
 First Published Date: 10/30/2019
 Adjusted Showing Days: 0
 1st Copy Received Date:
 100% Copy Received Date:

Sales Contact Info
 Mark Peoski
 ORLANDO
 T: (407) 975-0202
 F: (407) 975-0217
 mark.peoski@OUTFRONTMedia.com



Outdoor Location Detail

Face #	Description	Posting Market	Scheduled Dates	Scheduled Days	Showing Days	Override Days	Purchase Type	Area	Media	Ill.	F	OOH Rating
0002929-1	East West Expressway (SR 408) W/O SR Orlando 436; N/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y	E	252,522
	Design	Posted Date	Covered Date									
	Brenda - 6	9/30/2019	10/1/2019									
0004490-1	SR 528 (Beachline), .60 mi E/O Orange Ave (SR 527); N/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y	W	130,096
	Design	Posted Date	Covered Date									
	Brenda - 6	9/30/2019	10/1/2019									
0005591-1	Sandlake Rd (SR 482), .04 mi W/O US 441; N/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y	W	51,003
	Design	Posted Date	Covered Date									
	Charlie - 6	9/30/2019	10/1/2019									
0005606-1	US 441, 2.50 mi S/O SSP (Fl Turnpike); E/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y	N	75,077
	Design	Posted Date	Covered Date									
	Brenda - 6	9/30/2019	10/1/2019									
0005609-1	East Hwy 50 .3 mi W/O SR 417; S/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y	W	93,056
	Design	Posted Date	Covered Date									
	Charlie - 6	9/30/2019	10/1/2019									
0007208-1	I-4, .33 mi W/O John Young Parkway; N/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y	SW	339,886
	Design	Posted Date	Covered Date									
	Brenda - 6	9/30/2019	10/1/2019									
0007331-1	I-4, 1000 ft E/O Kirkman Rd; N/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y	NE	366,054
	Design	Posted Date	Covered Date									
	Brenda - 6	9/30/2019	10/1/2019									

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BMS.net Proof of Performance
 by **avuda**

Page 1 of 8

Generated on: 10/30/2019

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proof?

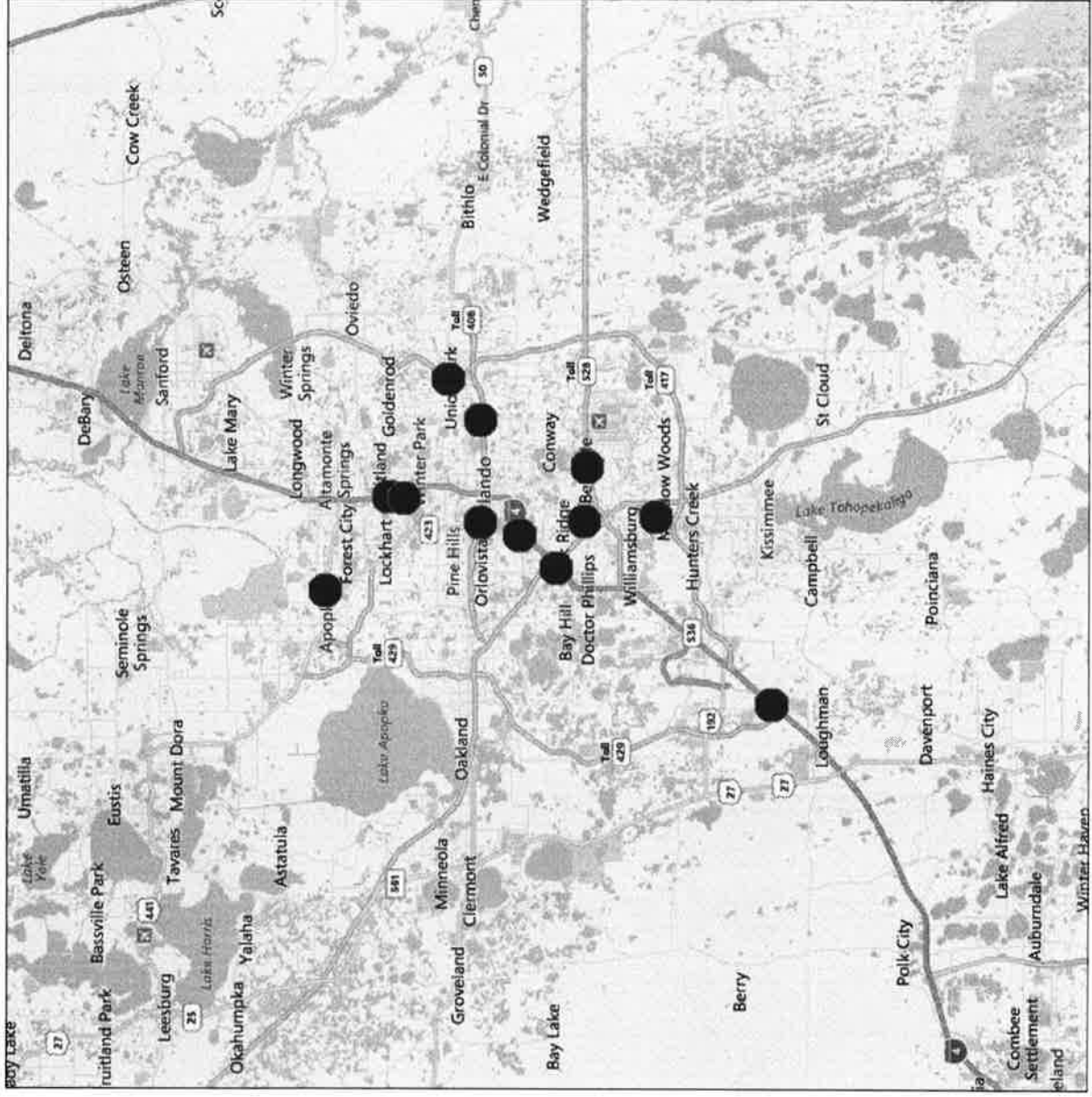
Outdoor Location Detail											
Face #	Description	Posting Market	Scheduled Dates	Scheduled Days	Showing Days	Override Days	Purchase Type	Area	Media	Ill. F	OOH Rating
0007332-1	SR 436, .50 mi W/O Piedmont-Wekiva Rd; S/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y W	58,082
	Design	Posted Date	Covered Date								
	Charlie - 6	9/30/2019	10/1/2019								
0008000-1	I-4, 3.07 mi W/O US 192; N/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Osceola	Digital Displays	Y SW	177,192
	Design	Posted Date	Covered Date								
	Brenda - 6	9/30/2019	10/1/2019								
0040910-1	East West Expressway (SR 408), .30 mi E/O John Young Parkway; N/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y W	101,301
	Design	Posted Date	Covered Date								
	Brenda - 6	9/30/2019	10/1/2019								
0048282-1	I-4 S/O Lee Road; W/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y N	299,217
	Design	Posted Date	Covered Date								
	Brenda - 6	9/30/2019	10/1/2019								
0048498-1	I-4, 200 ft E/O Kennedy Ave; S/S	Orlando	9/30/2019 - 10/13/2019	14	1	0	Regular	Orange	Digital Displays	Y S	294,141
	Design	Posted Date	Covered Date								
	Brenda - 6	9/30/2019	10/1/2019								

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Legend

 Digital Displays

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Kissimmee Chamber Of Commerce

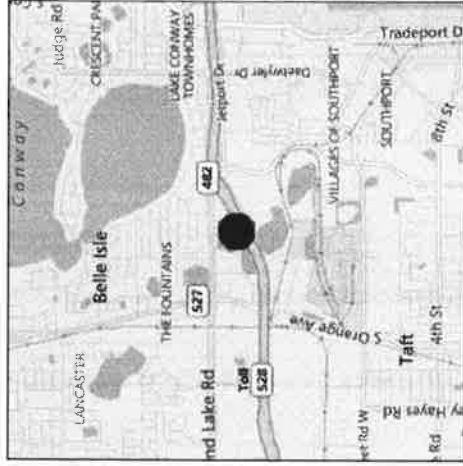
OUTFRONT/

Face # 0004490-1 - SR 528 (Beachline), .60 mi E/O Orange Ave (SR 527); N/S



Photo taken on: 10/9/2019

Face Information					
Media:	Digital Displays	Posted Date:	9/30/2019	Design:	Brenda - 6
Area:	Orange	Covered Date:	10/1/2019	First Received On:	n/a
Posting Market:	Orlando	Showing:	1	Last Received On:	n/a
Direction:	W				
Illumination:	24 hours				
OOH Rating:	130,096				



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BMS.net Proof of Performance
by **avuda**

Face # 00055911-1 - Sandlake Rd (SR 482), .04 mi W/O US 441; N/S



Photo taken on: 10/9/2019

Face Information

Media:	Digital Displays	Posted Date:	9/30/2019	Design:	Charlie - 6
Area:	Orange	Covered Date:	10/1/2019	First Received On:	n/a
Posting Market:	Orlando	Showing:	1	Last Received On:	n/a
Direction:	W				
Illumination:	24 hours				
OOH Rating:	51,003				



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Kissimmee Chamber Of Commerce

OUTFRONT/

Face # 0005606-1 - US 441, 2.50 mi S/O SSP (FI Turnpike); E/S

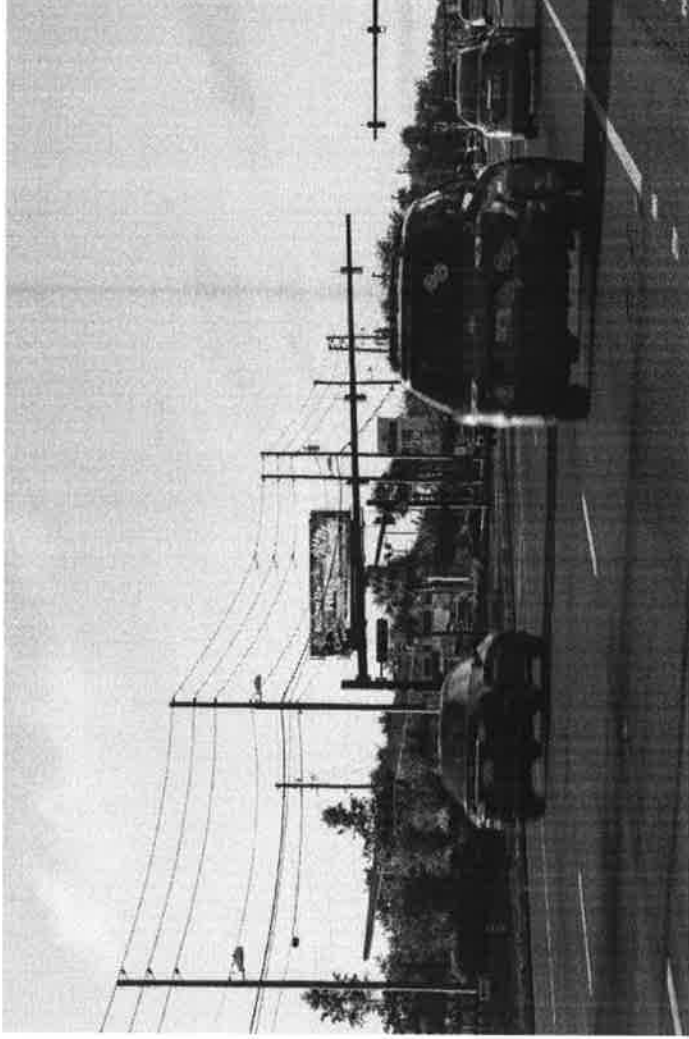
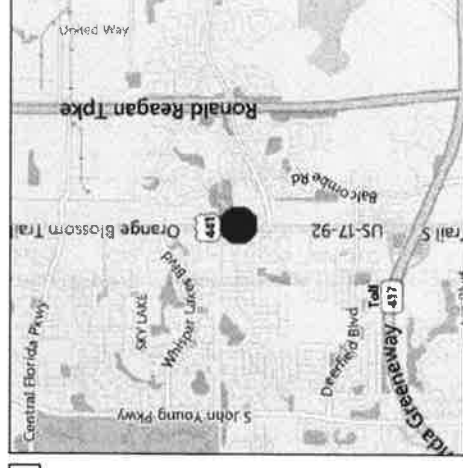


Photo taken on: 10/9/2019

Face Information

Media:	Digital Displays	Posted Date:	9/30/2019	Design:	Brenda - 6
Area:	Orange	Covered Date:	10/1/2019	First Received On:	n/a
Posting Market:	Orlando	Showing:	1	Last Received On:	n/a
Direction:	N				
Illumination:	24 hours				
OOH Rating:	75,077				



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by **avuda**

Page 6 of 8

Generated on: 10/30/2019

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Kissimmee Chamber Of Commerce

OUTFRONT/

Face # 0040910-1 - East West Expressway (SR 408), .30 mi E/O John Young Parkway; N/S

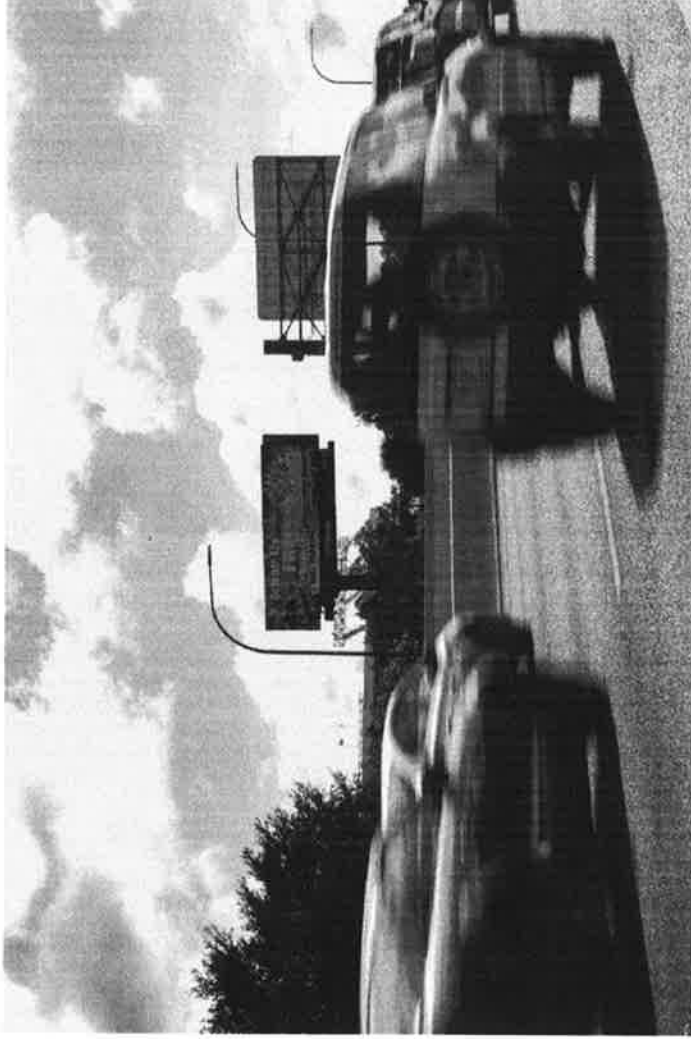


Photo taken on: 10/9/2019

Face Information

Media:	Digital Displays	Posted Date:	9/30/2019	Design:	Brenda - 6
Area:	Orange	Covered Date:	10/1/2019	First Received On:	n/a
Posting Market:	Orlando	Showing:	1	Last Received On:	n/a
Direction:	W				
Illumination:	24 hours				
OOH Rating:	101,301				



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by avuda

OUTFRONT/

October 12th 12PM-7PM

FREE Family-Event

FREE PARKING

Viva Viva

Kissin' on the Lake front

Brenda K Starr

OUT FRONT

48282

Face Information

Design:	Brenda - 6
First Received On:	n/a
Last Received On:	n/a



OSCEOLA NEWS-GAZETTE

KISS. CHAMBER OF COMM.*
1425 E VINE ST
KISSIMMEE FL 34744-3621

INVOICE / STATEMENT

Advertiser Account Number	Billing Date	Total Amount Due	Statement Number
21530	09/25/2019	\$150.00	0
Billing Period	Terms of Payment	Payment Due Date	Page#
09/01/19-09/30/19			1
Advertiser Account Number	Advertiser Name		
21530	KISS. CHAMBER OF COMM.*		

ACCOUNT SUMMARY	
Previous Balance	\$0.00
Payments on Account	
New Charges, Debits	\$150.00
Credit Adjustments	
Finance Charges	
Total Amount Due	\$150.00

DATE	REFERENCE NO.	DESCRIPTION	AMOUNT
09/26/2019	2462	Balance Forward	\$0.00
		DIGITAL - VIVA OSCEOLA 9/24-10/12/10 X 0.00	\$150.00

CURRENT	30 DAYS AND OVER	60 DAYS AND OVER	90 DAYS AND OVER	TOTAL DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$150.00

IMPORTANT - Please detach and return this portion to ensure proper credit.

PAYMENT TERMS: NET 30

If you have questions concerning your statement, please call your sales rep or call our business office at (407) 846-7600

PAYMENT DUE DATE

CUSTOMER NAME		
KISS. CHAMBER OF COMM.*		
ACCOUNT	BILLING DATE	STATEMENT#
21530	09/25/2019	0
AMOUNT DUE	AMOUNT ENCLOSED	
\$150.00		

REMITTANCE ADDRESS

Osceola News Gazette
108 Church Street
Kissimmee, FL 34741

PAYMENT	
☒ CHECK ENCLOSED	☐ Please make check payable to: Osceola News Gazette Be sure to include your account number on your check. Please do not staple or paperclip payment to remittance stub.
CHARGE MY CREDIT CARD	
MASTERCARD ☐	VISA ☐ DISCOVER ☐ AMEX ☐
Please include credit card number, expiration date, security code and signature.	
Exp. _____ / _____	CSC _____
Signature _____	



WHAT'S NEW AT LEU: HONEY BEES AND FAIRY FESTS

By Jennifer DiDomenico | For the News-Gazette Aug 17, 2019

SHARE



SiteFormsAnnouncements

Kissimmee Utility Authority is warning its customers to beware of an active bill payment scam targeting residential customers in Kissimmee.

Since Friday, the utility has received more than 250 reports from customers who have been threatened with service disconnection for unpaid account balances, even though these customers were not behind on their payments. Several customers have fallen victim to the scam.

The scammers are using Caller ID spoofing software to misrepresent the source of the phone call, and providing victims with a fake "verification" phone number. These call-back numbers also include exact replicas of KUA's company greetings and hold messaging.

Customers are being warned by the scammers that their service will be shut off immediately unless they purchase a prepaid debit card (i.e. MoneyPak, Green Dot, Reloadit, Vanilla) from an area retailer, load a cash payment, and call back the scammer to provide the card's account and PIN number to release the funds. These prepaid cards are not traceable.

"It's important to remember that KUA will never proactively contact customers to get their credit card, banking or other financial information over the phone," said Susan Postans, KUA's vice president of customer service. "Even if you have a past-due balance that needs to be paid, KUA will always provide a past-due notice in writing before shutting off service."

Here are a few additional tips to consider:

* If you receive a suspicious call, hang up immediately.



* Never provide financial information by telephone unless you made the call.

SiteFormsAnnouncements

- Anniversary Announcement
- Birthday Announcement
- Engagement Announcement
- Wedding Announcement

SiteFormsOnline Services

- Letter to the Editor
- Sound Off

[POPULAR STORIES]

- 2 killed in U.S. 192 crash Monday after dump truck jumps median into oncoming lanes
- Two middle school students arrested after creating a list of students to harm
- Apopka woman killed in Osceola Park Line Road crash on Tuesday
- St. Cloud man hit, killed while standing in middle of Florida's Turnpike
- Kissimmee Utility Authority to resume Movie in the Park



[THINGS TO DO]



[LATEST E-EDITION]



Viva Osceola Survey Results

How would you rate your OVERALL experience at this event?

Excellent	67%
Fair	2%
Good	24%
Neutral	2%
Poor	2%
Too early to tell/No opinion	3%
(blank)	1%

Please select your AGE RANGE:

18-24	7%
25-34	11%
35-54	42%
55-64	21%
65+	19%
(blank)	

Please select your GENDER:

Female	73%
Male	27%
(blank)	

Please select your TOTAL household INCOME category (Used for marketing purposes only):

\$100,000 and above	6%
\$25,000 and under	27%
\$25,000-\$49,999	35%
\$50,000-\$74,999	20%
\$75,000-\$99,999	5%
I prefer not to answer	7%
(blank)	1%

Where do you currently live?

Elsewhere in Florida	3%
Orange County	16%
Osceola County	69%
Outside of Florida	1%
Polk County	8%
Seminole County	2%
(blank)	1%

Are you in Osceola county TODAY ONLY as a day trip, or are you STAYING OVERNIGHT in Osceola county?

Day trip	61%
Staying overnight	36%
(blank)	4%

If you're staying overnight, where are you staying?

Air BnB/VRBO	13%
Family/Friends	11%
Hotel/Motel	4%
Other	43%
Vacation Rental Unit	1%
(blank)	40%

If you're staying in a Hotel/Motel, how many rooms are you occupying?

1	1%
2	1%
3	1%
(blank)	96%

Please tell us the following: How many TOTAL nights are you staying?

1	3%
2	3%
3	1%
5+	5%
(blank)	88%

Please tell us the following: How many PEOPLE are in your PARTY/GROUP?

1	2%
2	6%
3	7%
4	3%
5+	5%
(blank)	78%

Did you travel to Osceola County specifically to attend this event?

No	34%
Yes	61%
(blank)	5%

Did you learn about this event BEFORE coming to Osceola County, or AFTER YOUR ARRIVED?

After	22%
Before	72%
(blank)	6%

How much in total do you estimate that YOU will spend DURING the visit in Osceola County? (ON LODGING, FOOD, ADMISSIONS, GIFTS/SHOPPING?)

\$0	5%
\$1 - \$50	42%
\$1001 and more	1%
\$101 - \$200	7%
\$200 - \$500	7%
\$501 - \$750	5%
\$51 - \$100	29%
(blank)	6%

Please provide your Zip Code:

00956	1
32127 Volusia County, Florida	1%
32703 Orange County, Florida	1%
32707 Seminole County, Florida	1%
32730 Seminole County, Florida	1%
32746 Seminole County, Florida	1%
32805 Orange County, Florida	1%
32807 Orange County, Florida	1%
32808 Orange County, Florida	1%
32809 Orange County, Florida	1%
32811 Orange County, Florida	1%
32812 Orange County, Florida	1%
32819 Orange County, Florida	1%
32820 Orange County, Florida	1%
32824 (Orlando, FL, Meadow Woods, FL, Southchase, FL, Taft, FL)	3%
32825 (Alafaya, FL, Union Park, FL)	2%
32826 Orange County, Florida	1%
32835 Orange County, Florida	1%
32926 Brevard County, Florida	1%
32927 Brevard County, Florida	1%
33169 Miami-Dade County, Florida	1%
33837 Polk County, Florida	1%
33839 Polk County, Florida	1%
33844 Polk County, Florida	1%
33885 Polk County, Florida	1%

33896 Polk County, Florida	1%
33897 Polk County, Florida	1%
34574	1%
34711 Lake County, Florida	1%
34736 Lake County, Florida	1%
34741 (<u>Kissimmee, FL</u>)	10%
34743 (<u>Kissimmee, FL, Buena Ventura Lakes, FL</u>)	12%
34744 (<u>Kissimmee, FL, St. Cloud, FL</u>)	15%
34746 (<u>Kissimmee, FL, Campbell, FL</u>)	10%
34747 Osceola County, Florida	1%
34758 (<u>Poinciana, FL</u>)	6%
34759 (<u>Poinciana, FL</u>)	2%
34761 Orange County, Florida	1%
34769 (<u>St. Cloud, FL</u>)	4%
34771 (<u>St. Cloud, FL, Narcoossee, FL, Mangolia Square, FL</u>)	3%
34772 (<u>St. Cloud, FL</u>)	6%
34773 Osceola County, Florida	1%
36478	1%
46443	1%
65483 (<u>Houston, MO, Clara, MO</u>)	1%
(blank)	3%

VENDOR LIST

Attendee First Name	Attendee Last Name	Attendee Company	Addr*1	City	State/Province	Postal Code	Phone
Yesenia	Munoz	Adult Learning Center Osceola	2320 New Beginnings Road	Kissimmee	FL	34744	(407) 518-8140
Luis	Mercado	Advantage Medical Group	715 E Vine Street	Kissimmee	Florida	34744-4232	(844) 343-1100
Heather	Czujak	AdventHealth- Kissimmee	Bill to: Cost Center 9649	Celebration	FL	34747	(407) 303-4468
Carlos	Velasquez	Artesanias Dino					3213174444
Otto	Osorio	AT&T	1077 Ashton Woods Lane	Lakeland	FL	33813	(863) 582-2310
Paul	Smith	Avenue One Chiropractic					4077053877
Olivia	Barakat	Barakat Insurance	1301 E. Osceola Parkway	Kissimmee	FL	34744	(863) 393-6359
Emily	Hutchisson	Biolife Plasma Services	4528 Reaves Road	Kissimmee	FL	34746	4079732198
Bruce	Vickers	Bruce Vickers Campaign	405 Buenaventura Blvd.	Kissimmee	FL	34743	(407) 742-8904
Dagmar	Lopez	Buenaventura Lakes Branch Library					4077197312
Jenine	Adams	CarePlus Health Plans					727-329-2300
Debbby	Clues	Charter Communications					4077873332
Sam	[unknown]	Chick-fil-A					
Diana	Castellanos	Cigna Medicare	2736 Giralda Ct	Kissimmee	FL	34743	
Claudia	Klockars	City of St. Cloud	1300 9th Street	St. Cloud	FL	34769	(407) 957-7302
Alex	Sevilla	Contender Claims	230 E Monument Ave	Kissimmee	FL	34741	(954) 675-2457
Maria	Morales	Delicias Boriquas de dona Maria					4079683269
Additional	Attendee	Delicias Boriquas de dona Maria					
Additional	Attendee	Devoted Health					
Marie	Charles	Early Learning Coalition of Osceola County	1631 E. Vine Street, Suite E	Kissimmee	FL	34744	(407) 933-5353
Guillermo	Hansen	El Osceola Star Newspaper	921 Emmett St.	Kissimmee	FL	34741	(407) 933-0174
William	Mogollon	Expertax	3469 West Vine St	Kissimmee	FL	34741	(407) 574-6677
Natlia	Williams	Family Physicians Group					4075586801
Vilma	Quintana	Florida Blue	610 Crescent Executive Court	Lake Mary	FL	32746	(407) 247-3756
Ana	Gonzalez	Florida Technical College	3831 W Vine Street	Kissimmee	FL	34741	4077299070
Taryn	Stephenson	Fore Property Company					4072793503
Annelise	Pico	Freedom Health Inc.	950 S. Winter Park Dr.	Casselberry	FL	32707	(407) 965-2684
Bob	Healy Jr	Funeraria San Juan Funeral Home	27 simpson rd	kissimmee	fl	34744	407-344-2515
Thien-yu	Hogan	Hogan & Hogan					4074222188
Wendy	Roman	Humana					407-772-3147
Paola	Parra	iHeartMedia + Entertainment	2500 Maitland Center Parkway	Maitland	FL	32751	(407) 916-7800
Additional	Attendee	iHeartMedia + Entertainment					
Paola	Parra	iHeartMedia + Entertainment	2500 Maitland Center Parkway	Maitland	FL	32751	(407) 916-7800
Veronica	Herrera	IMA Medical Group	1044 Plaza Drive	Kissimmee	FLORIDA	34743	4076860981
Miguel	Rivera	Inventus USA	963 Alsace Drive	Kissimmee	FL	34759	(787) 390-2643
Ray	Flores	Jewelry by Cuso					7873902233
Chris	Gent	Kissimmee Utility Authority	1701 W. Carroll Street	Kissimmee	FL	34741	(407) 933-9836
Belinda	Olivera	Kissimmee/Osceola Chamber of Commerce	1425 E. Vine Street	Kissimmee	FL	34744	(407) 847-3174
Mike	Fisher	Mike Fisher for Osceola County Sheriff	1830 Harbor Blvd.	Kissimmee	FL	34744	(407) 709-3597
Carlos	Alvarez	More Than a Carpenter					4073602218
Elyc	Hernandez	Orlando Health	9400 Turkey Lake Road	Orlando	FL	32819	(321) 842-7030
Sandra	CruzGomez	Osceola Community Health Services	1877 Fortune Road	Kissimmee	FL	34744	4077998260
rafael	sierra	Osceola County Clerk of the Court	2 Courthouse Square	Kissimmee	FL	34741	(407) 742-3459
Gaye	Martinez	Osceola County Property Appraiser	2505 E Irls Bronson Memorial Hwy	Kissimmee	Florida	34744	(407) 742-5000
Jocelyn	Hawkins	Osceola County Sheriff's Office	2601 E. Irls Bronson Memorial Hwy	Kissimmee	Florida	34744	(407) 348-1187
Additional	Attendee	Osceola Reads					
Daina	Gooden	Osceola Technical College	817 Bill Beck Blvd	Kissimmee	FL	34744	(407) 344-5080

Leslie	Fletcher	Ovok Med Spa	1611 N Main Street	Kissimmee	FL	34744 (407) 344-4878
Lisa	Hernandez	Planned Parenthood of Central Florida				4072479182
Idegar	Salmeron	Pro Med Florida Inc				7866604454
Russell	Gibson	Re-Elect Sheriff Russ Gibson Campaign	3351 Schoolhouse Road	Harmony	FL	34773 3216243757
Alex	Virella	RockATour				4077918784
Additional	Attendee	RockATour				
Additional	Attendee	RTW Photography, LLC	2531 Aventurine St	Kissimmee	FL	34744 (407) 279-0072
Eddie	Colon	Sabor Boricua				9542439705
Additional	Attendee	Sabor Boricua				9542439705
Eddie	Colon	Sabor Boricua - Lemonade				8134601316
Madeline	Cruz	Salud VIP				4078704966
Kim	McKnight	School District Osceola County				4074327886
Angela	Fernandez	Simply Healthcare				407-253-7655
Karem	Pichardo	Staywell				34744 4077426100
Kari	Ewalt	Supervisor of Elections	2509 E. Irlo Bronson Memorial Hwy.	Kissimmee	FL	407-864-2663
Marisol	Otero	Telemundo				34746 4012805328
Raul	Palacios	The Capital Good Fund, INC	2198 4 Winds Boulevard	Kissimmee	FL	34741 (407) 726-0004
Beatriz	Beecher	The Hamilton at Lakeside	2250 Blue Hesper Drive	Kissimmee	FL	34741 (407) 944-5000 x5142
Mary Rose	Cox	Toho Water Authority	951 Martin Luther King Jr. Blvd.	Kissimmee	FL	863-430-7852
Leonel	Castillo	US Army Recruiting				
Ana	Curras	US Census				
Leticia	Morales	Weichert Realtors Hallmark Properties				4075150318
Maria	Diaz Agosto	WellCare Health Plans Inc.	1060 N John Young Pkwy	Kissimmee	FL	4075723459
Additional	Attendee	Wellcare Health Plans Inc. - Orlando				

**VIVA! Osceola****Event Coordinator:** Christina Schipani**Event Organizer:** Chamber**Event Type:** Festival**Date:** October 12, 2019**Location:** Veterans Lawn**Move in Time:** 7:00 a.m.**Festival Time:** 12:00 p.m. - 7:00 p.m.**Move Out Time:** 7:00 p.m.**Festival Attendees:****Festival Vendors:** 59 of 71**Repeat Event:** Yes**Summary:**

- 6:45 a.m. Client and Art & Sound onsite
- 7:00 a.m. Vendor Inspection and Vendor Move-In began
 - 18 sets of weights rented to vendors. Revenue from sales \$594.00
- 7:15 a.m. Tent and table delivery by Taylor Rental for VIP
- 8:00 a.m. iHeart radio arrived with sponsored vehicles
- 10:00 a.m. KUA onsite for set-up
- 10:20 a.m. Jeep Club arrived
- 11:00 a.m. Vendor Inspection Ended
- 11:30 a.m. Vendor Load-In Ended
- 12:00 p.m. Festival started
- 1:30 p.m. Stage performances began
- 1:28 p.m. Music started on stage
- 4:35 p.m. Crowd size of about 4000
- 5:20 p.m. Missing child reported, 5:25 p.m. child located
- 5:50 p.m. Event Coordinator Julio Rivera informed production lead that 6:30 p.m. would be the end of their 5 hours of applied sound.
- 6:00 p.m. Informed all 3 beer vendors it was the final call for alcohol
- 6:13 p.m. 2 missing children, 6:18 p.m. children reunited with parents
- 6:22 p.m. Chamber Staff called Mike Steigerwald to request to have their amplified sound extended until 7:00 p.m.
 - Mike Steigerwald approved amplified sound extension
- 6:45 p.m. KPD detail extended until Lawn was clear. Two officers were assigned to stay with the two Event Staff
- 6:51 p.m. Vendor Delicia's Boriquas De Dona Maria Food continued cooking and serving food after cut off
- 6:57 p.m. Music ended and attendees began to clear out
- 7:30 p.m. Vendor load out began
- 10:45 PCI beer trailer off the lawn

Issues:

- 4 of 71 vendors attended the pre-event vendor meeting.
 - No one from the Kissimmee Chamber attended the meeting.
- A screw from one of the Berlinsky House door's push bar came out. No one was injured. Door was fixed Monday, October 14th by Building Maintenance
- PCI, the festival beer vendor, had to make 2 trips to pick up their bar trailers.
- The driver for the trailer transporting display cars had to make 2 trips to remove cars from the park.
- None of the vehicles on the lawn had wheel stops.
- American Legion had a baseball vendor on their property selling batting time
- The Chamber did not inform the Event Coordinator they hired armed Security Guards for VIP inside Berlinsky House
- KUA arrived at 10:00 a.m. instead of the 7:00 a.m. load in time
 - KUA was not setup until after the festival started
 - City had to provide 33 cord covers, 20 barricades and 10 cones to KUA
- Viva requested staff shut down the American Legion parking lot the morning of the event for Viva staff and VIP Parking. The American Legion would not grant permission.
- iHeart Radio and Buick sponsored car show, brought 5 additional vehicles without notifying Event Coordinator.
- The Event Coordinator had to remind Viva staff to have the car batteries disconnected from cars in car show.
- Sponsor vehicles exited the park without Event Staff escort. Belinda Olivera told Event Coordinator Julio Rivera that a KPD Officer gave the vehicles parked on the mound next to the playground permission to drive across the sidewalk to exit the park since their Vehilciles were 4X4. They left the park at 6:40 p.m.
- One health related report from KFD

Suggestions:

- Include in vendor meeting/packet that vendors are not permitted to bring their own speakers or amplified sound

Work Order:

- Work order for the door handle at BCH submitted and completed.

Deposit Refund Information

Deposit Refund Information

Deposit Amount Paid: \$750.00

Refund Granted: \$195.00

Household #: 7257

Reservation #: 7923

Justification for refunds not granted: Justification pending.

Refund Granted: \$427.00 - \$232.00 =\$195.00

CITY OF
KISSIMMEE
1 8 8 3

Event Name: VIVA Osceola **Event Date:** October 9, 2021

Administrative Fee:			\$100.00
Facility Fee:			
Veterans Lawn	\$1,295 per day	\$1,295 per day x 1 day	\$1,295.00
Hawn and Osprey Pavilions	Included with Lawn	Included with Lawn	
Rental Items:			
Barricades	\$10.00 each	25 barricades x \$10.00 each	\$250.00
Ez-systems	\$80.00 each	4 Ez-systems x \$80.00 each (2 trash + 2 recycling)	\$320.00
Light Towers	\$100.00 each	2 light towers x \$100.00 each	\$200.00
Utilities-Water & Power	\$25.00 each	Water \$25.00, Power \$25.00	\$50.00
Taxes:		7.5%	EXEMPT
Staff:			
Parks Staff (1:00pm-9:30pm)	\$15.00 per hour	3 Parks Staff x 8 hours x \$15.00 per hour	\$360.00
KPD Load-in (7:00am-3:00pm)	\$47.00 per hour	3 Officers x 8 hours x \$47.00 per hour	\$1,128.00
KPD Event (11:00am-7:00pm)	\$47.00 per hour	7 Officers x 8 hours x \$47.00 per hour	\$2,632.00
1st shift KPD Supervisor (10:00am - 5:00pm)	\$51.00 per hour	1 Supervisor x 7 hours x \$51.00 per hour	\$357.00
2nd shift KPD Supervisor (1:00pm - 9:00pm)	\$51.00 per hour	1 Supervisor x 8 hours x \$51.00 per hour	\$408.00
Lieutenant (11:00am - 7:00pm)	\$51.00 per hour	1 Lieutenant x 8 hours x \$51.00	\$408.00
KPD Load-out/Strike (2:00pm-9:00pm)	\$47.00 per hour	3 Officers x 7 hours x \$47.00 per hour	\$987.00
Telecommunicator (10:30am - 7:30pm)	\$47.00 per hour	1 Telecommunicator x 9 hours x \$47.00	\$423.00
KFD Inspector (7:00am-11:00am)	\$30.00 per hour	2 Inspector x 4 hours x \$30.00 per hour	\$240.00
EMT (11:00am-6:00pm)	\$30.00 per hour	4 EMT x 8 hours x \$30.00 per hour	\$960.00
KFD Supervisor (11:00am-6:00pm)	\$30.00 per hour	Supervisor x 8 hours x \$30.00 per hour	\$240.00
Total Estimate			\$10,118.00
Reservation Deposit (amount Paid on Balance to Hold Date-Non Refundable)			\$500.00
Damage Deposit (Refundable)			\$259.00
Total Balance Due Before Fee Waiver			\$9,877.00
Fee Waiver (Will Add Once Amount is Determined)			\$0.00
Total Due 30 Days Prior to Event			\$9,877.00

FEE WAIVER GRANT RANKING FORM

Organization Name: BY THEIR FRUITS FOUNDATION **Event Name:** 2ND ANNUAL GALA

Event Date: 10/22/21

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: N/A

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

By Their Fruits Foundation

Full Legal Name of Organization

Jose R Said

Name of Chief Officer/President

4078793235

Telephone Number

4074579302

Mobile Number

Organization Address *

3231 Timicua Cir

Street Address

Orlando

City

FL

State/Region/Province

32837

Postal / Zip Code

United States

Country

Eligibility/Type *

☒ Non-Profit ☐ Government ☐ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



IRS_503_c_Status_letter.pdf

Event Contact Information

Veronica Dominguez

Name of Event Contact

VP of Public Relations

Title of Event Contact

4074579302

Telephone

veronica@mynewskymortgage.com

Email

Event Information

Fee Waiver Grant Program Request

Name of Event ***Start Date & Time of Event ***

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees ***Brief Description of Event ***

Our second Fundraiser Gala is a formal event to raise funds to help provide food to the places where there is an emergency. This is an annual event that consist of a presentation of the organization, testimonies of vounteers, date report for the year for donors, a silent auction, a reception, show dinner and dancing.

Grant Request Amount ***USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

☐ Yes ☒ No

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event require tents? *

☐ Yes ☒ No

Will your event require vehicle access to the park?

☐ Yes ☒ No

Will your event require road closures? *

☐ Yes ☒ No

Will your event require portable restrooms? *

☐ Yes ☒ No

Will your event require utilities? *

☐ No ☒ Power ☒ Water

Will your event hire outside production companies? *

☒ Yes ☐ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

If you are hiring outside production company, provide the name, point of contact, and phone number. *

Still unknown

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☒ Reception Area
☐ Autograph Area	☒ Food Prep Area	☒ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☐ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Entertainment

Will your event require alcoholic beverages to be dispensed or sold?

☒ Yes ☐ No

Fee Waiver Grant Program Request

Will your event require a DJ?

☐ Yes ☒ No

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Will your event have performers?

☒ Yes ☐ No

If you are having performers, please list if they are local, national, or international.

a Small Local Band

Audio / Visual

Is this an indoor event?

☒ Yes ☐ No

Will your event require the rental of audio equipment?

☒ Yes ☐ No

Will your event require the rental of any additional audio equipment?

☒ Podium

☐ Easels

☒ Projector & Screen

☐ TV/VCR/DVD Player

☐ Microphones

☐ Extension Cords/Power Strips

☐ None

Promotions

Will your event require banners to be hung? *

☐ Yes ☒ No

At what level will your event be promoted? *

☒ Local

☐ Regional

☐ National

Will the media be invited? *

☒ Yes ☐ No

Fee Waiver Grant Program Request

If the media will be invited, what type of media will be expected? *

We will invite a news channel, however, there is no confirmation yet of their assistance

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

Since 2017

How long has the sponsoring organization physically been in operation? *

Since 2017

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

BOARD MEMBERS:

J Rafael Said - President/Chief Exec Officer

Liliana Zajonc - Board Member

Francisco Duque - Board Member

Jesus Valera - VP of Operations

Carolina Macias - Event Coordinator

Veronica Dominguez - VP of Partner Relations

Eddie Polanco - DR Coordinator

EVENT STAFF:

Current volunteers that help with food packing and shipping

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☐ Yes ☒ No

Has this specific event been previously produced? *

☒ Yes ☐ No

If so, when and where was the event held? *

Feb 14, 2020 - Partyland Events - 11505 Satellite Blvd 3 , Orlando FL 32837

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

This year we are expecting more attendance than last year's event. Also, the program is more extensive than last year.

How does the proposed event support the organization's mission and impact to residents? *

This event is a small gala to thank all the volunteers that helped during the year, the donors, and to give a report of the past year's achievements. Also, to encourage new volunteers to help with packing and to raise funds for the materials and shipping cost.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☐ Yes ☒ No

Please attach your itemized event budget.

 Current_Buget_04_29_2021.pdf

Marketing

How does the proposed event benefit the image or reputation of the City? *

No

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Social Media - FB, Instagram
Organization's Web Page
Catholic Church Bulletins
Live announcements at the end of each Service at Holy Cross Catholic Church, and other Churches

How much money will the sponsoring organization commit towards advertising? *

\$0.00

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☐ Yes ☒ No

Fee Waiver Grant Program Request

Has the sponsoring organization solicited local vendors to support the event?

☐ Yes ☒ No

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

DEPARTMENT OF THE TREASURY

Date: **SEP 28 2017**

Employer Identification Number:
82-2799746

DLN:

26053662001277

BY THEIR FRUITS FOUNDATION INC
3231 TIMUCUA CIR
ORLANDO, FL 32837-0000

Contact Person:
CUSTOMER SERVICE ID# 31954

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:
September 14, 2017

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

BY THEIR FRUITS FOUNDATION INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

2021 2nd Fundraising Gala – By Their Fruits Foundation

As of 04/29/2021

CURRENT BUDGET

	Forecast	Current Actual
Venue rental including tables and chairs	\$2,000.00	\$1,100.00
Event Décor	\$750.00	\$300.00
Reception food	\$1,000.00	\$1,000.00
Reception Wine & Soft Drink Bar	\$750.00	\$300.00
Dinner including food and preparation	\$2,000.00	\$2,000.00
Paid Entertainment (Band)	\$1,500.00	\$750.00
Full Size LD Screen	\$500.00	\$0.00
Audiovisual Equipment	\$750.00	\$0.00
Required License Staff	\$500.00	\$0.00
Required Licensing	\$250.00	\$250.00
Required Insurance	\$500.00	\$500.00
Photographer	\$600.00	\$600.00
Videographer	\$750.00	\$0.00
Catering Services	\$1,000.00	\$0.00
TOTAL	Needed: \$12,850.00	Actual \$6,800.00



Event: By Their Fruits Gala **Event Date:** October 22, 2021

Arena - floor covered	\$2,130.00 per day	1 day rental x \$2130.00	\$2,130.00
Rental Items:			
Arena Audio Visual Package	\$488.00		\$488.00
Arena Audio Visual Package includes arena projector,			
arena screen, house speakers, wi-fi, 3 microphones,			
and technician for 4 hours			
Dance Floor	\$5.00 per sf	24' x 24' dance floor, 576 sf x \$5.00	\$2,880.00
Taxes:		7.5%	EXEMPT
Staff:			
Event Coordinator (12:00pm-1:00am)	\$25.00 per hour	1 Coordinator x 13 hours x \$25.00 per hour	\$325.00
Event Staff (4:30pm - 1:00am)	\$15.00 per hour	2 Event Staff x 8 hours x \$15.00 per hour	\$240.00
Event Technician (4:00pm-8:00pm)	\$15.00 per hour	included in the Arena Audio Visual package	\$0.00
Post Event Decontamination	\$150.00		\$150.00
Total Estimate Before Deposits			\$6,213.00
Reservation Deposit (Non Refundable) Required to hold date			\$500.00
Damage Deposit (Refundable)			\$426.00
Total Amount Before Fee Waiver			\$6,139.00
Fee Waiver (Will Add Once Amount is Determined)			\$0.00
Total Due 30 Days Prior to Event			\$6,139.00

FEE WAIVER GRANT RANKING FORM

Organization Name: CAAIRE

Event Name: YOUTHFIT FAMILY FUN DAY

Event Date: 10/23/21

Year of fee waiver award: 2

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$3,000

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Children Athletes and Artists Involved in Recreational Events, Inc.

Full Legal Name of Organization

Denita Pimienta

Name of Chief Officer/President

4075917546

Telephone Number

4073255750

Mobile Number

Organization Address *

1746 E Silver Star Road, Ste. 288

Street Address

Ocoee

City

FL

State/Region/Province

34761

Postal / Zip Code

United States

Country

Eligibility/Type *

☒ Non-Profit ☐ Government ☐ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



caaire_-_doc_req_-_cert_of_exemption_-_exp_103123.pdf

Event Contact Information

Denita Pimienta

Name of Event Contact

Executive Director

Title of Event Contact

4073255750

Telephone

denita@caaire.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

YouthFit's Family Fun Day & Walk/Run

Start Date & Time of Event *

10/23/2021 08:00 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

04/29/2021 01:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

700

Brief Description of Event *

A day of fun fitness activities which promote family health and nutrition. Healthy eating and nutrition information and delicious samples will be available to the participants and parents. We will kick-off the wellness activities with a walk/run around the Lakefront. There will be a game area with oversized games (i.e. Oversized Jenga, Connect 4, Corn Hole Toss, etc.). Families will be able to enjoy the inflatable basketball games and obstacle courses. For our younger participants we will have age-appropriate games and activities.

Grant Request Amount *

3000.0

USD

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

10/23/2021 06:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

10/23/2021 03:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Will your event require tents? *

☒ Yes ☐ No

Will your event require vehicle access to the park?

☐ Yes ☒ No

Will your event require road closures? *

☐ Yes ☒ No

Will your event require portable restrooms? *

☒ Yes ☐ No

Will your event require utilities? *

☐ No ☒ Power ☐ Water

Will your event hire outside production companies? *

☐ Yes ☒ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☒ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☐ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

☐ Yes ☒ No

Will your event require a DJ?

☐ Yes ☒ No

Fee Waiver Grant Program Request

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Will your event have performers?

☐ Yes ☒ No

Audio / Visual

Is this an indoor event?

☐ Yes ☒ No

Promotions

Will your event require banners to be hung? *

☒ Yes ☐ No

At what level will your event be promoted? *

☒ Local ☒ Regional ☐ National

Will the media be invited? *

☒ Yes ☐ No

If the media will be invited, what type of media will be expected? *

Print, tv, radio and various social media outlets

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

18 years

How long has the sponsoring organization physically been in operation? *

18 years

Fee Waiver Grant Program Request

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

The Organizing Committee consists of two Board Members, Executive Director, two youth participants – CAAIRE Champions and CAAIRE Advocates, four Volunteer Organizers. The recruitment of volunteers will be through our current volunteer base of approximately 150 volunteers. We will also utilize our established Community partners such as the Sheriff's Office, UCF and Ambetter for Sunshine Health.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☒ Yes ☐ No

If yes, please identify the event(s). *

YouthFit 2018, 2019

Has this specific event been previously produced? *

☐ Yes ☒ No

What is the uniqueness of the proposed event? *

With the current COVID environment, our youth and families have not had the opportunity to engage in healthy, meaningful, and family bonding activities. This event will provide families with a jumping-off point to focus on their individual and family health and well-being. Additionally, the diversity of our volunteer base will ensure that this event will attract the full breadth of our demographic tapestry.

How does the proposed event support the organization's mission and impact to residents? *

YouthFit is a CAAIRE Health/Fitness Initiative with a mission of combatting childhood obesity. It is a program which promotes the improvement of the overall health and fitness of the participants, parents and the community.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☒ Yes ☐ No

Is so, please describe the impact:

COVID-19 has had a tremendously negative impact on the Downtown Kissimmee area businesses and an event with the potential footprint of 700 members of the community will be a positive for all of the surrounding businesses in the area.

Fee Waiver Grant Program Request

Please attach your itemized event budget.

 cok_-_budget_proposal_-_050121.pdf

Marketing

How does the proposed event benefit the image or reputation of the City? *

This event will showcase the City's support of living healthy and balanced family lives. Additionally, we will have students from UCF which will engage our youth in their next steps in their educational goals through fun games and activities. Volunteers coming together will lift up the community to show the best of us all working together, creating a reinforcement of the positive reputation for the City of Kissimmee. Moreover, the event will be inclusionary with KPD and the Sheriff's Office which will promote positive interactions with law enforcement.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Ongoing Social Media with the event flyer, and partner social media outlets. News stations, Print media, as well as the circulation of the printed flyers in the local community and businesses within the area.

How much money will the sponsoring organization commit towards advertising? *

\$500.00

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☐ Yes ☒ No

Has the sponsoring organization solicited local vendors to support the event?

☒ Yes ☐ No

If so, please identify all vendors that have committed to the event: *

Humana, Simply Healthcare, Sunshine Health, A-Game Sports, etc.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8016291445C-3	10/31/2018	10/31/2023	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

CHILDREN ATHLETES AND ARTISTS INVOLVED
IN RECREATIONAL EVENTS INC
1746 E SILVER STAR RD STE 288
OCOE FL 34761-7014

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

YouthFit Family Fun and Fitness - City of Kissimmee Lakefront 10.23.21

Budget

Income

All Donations (including In-Kind) \$6427.00

Total Income **\$6,427.00**

Expenses

Facility	\$800.00
Catering/Food	\$1500.00
Marketing/Printing/Graphics/Shirts	\$2200.00
Equipment (Sports)	\$350.00
Supplies	\$500.00
Entertainment	\$400.00
Staging/Decorations	\$200.00
Videography/Photography	\$425.00

Total Fixed Expenses **\$6,375.00**

Net Profit & Loss **(\$52.00)**

6TH ANNUAL YOUTHFIT

BASKETBALL CLINIC & CHEERLEADER CAMP

December 21, 2019
10AM - 3PM

KISSIMMEE CIVIC CENTER

201 E. Dakin Ave. | Kissimmee, FL 34741



AGES: 9-17

WE WILL HAVE:

Free lunch
Heathy snacks
Fitness boot camps
Free Sports physicals
Prizes & give-a-ways

ADULT ACTIVITIES TOO

The kids can't have all the fun!
Games/Activities
Free Health Screenings
Free Vision Screenings

FREE TO ATTEND
REGISTRATION REQUIRED AT
YOUTHFITUSA.ORG



SPONSORS



YouthFit 2019 Vendor Sign in Sheet



Print Name	Cell Phone Number	Email Address	Business Name	Signature
An Nguyen	808.551.0541	an.nguyen@flhealth.gov	Health Department - Nutritionist	
Aneesah Farris	386.334.7389	draneesahfarris@gmail.com	Helping Hands Chiropractic	
Annabella Pujalte	407.933.9838	apujalte@kua.com	Kissimmee Utility Authority	
Christine Martinez	407.437.0595	chrismart651@yahoo.com	TrinBago Association of Central Florida	
Cynthia Guillen	407.848.8476	cguillen2@humana.com	Humana	
Edward Williams	803.316.1120	healthbamn@gmail.com	Health By Any Means Necessary/ PA	
Greg Wooley	407.655.5263	makingmoneysense47@gmail.com	Life Leadership	
Jeanne Britton	407.343.2179	Jeanne.Britton@flhealth.gov	SWAT	
Jocelyn Hawkins	407.348.1190	jocelyn.hawkins@OSCEOLA.ORG	Osceola County Sheriff's Department	
Jose Soto	407.399.8912	jsoto@warpgateproductions.com	WarpGate Productions	
Juante Vanterpoole	407.698.7745	jvanterpool@advancedrecoveryystems.com	Advanced Recovery Systems	
Lucelly Naranjo	786.718.9356	naranjolute@gmail.com	Florida Blue	
Lyndy Moore	407.953.9647	lyndymoorelci@gmail.com	BikePedResourceCenter	
Marie Cayo	407.870.8811	dr.mcayo@gmail.com	Spinal Health Care	
Melissa Riuz	407.861.4880	Melissa.Riuz@wellcare.com	Staywell	
Norris Anderson	321.299.8706	agamebasketballacademy@gmail.com	A Game	
Pascal Joseph	609.513.8131		KPD	
Rich Fontaine	321.405.3225	powerofselfentertainment@gmail.com	Power of Self Entertainment	
Sandra CruzGomez	407.799.8260	Sandra.CruzGomez@osceolahealthcare.org	Osceola Community Health Services	
Yari Hernandez	321.284.9896	yarikar@amazon.com	Amazon	

YouthFit 2019 - City of Kissimmee Civic Center 12.21.19

Profit & Loss Statement

Income

All Donations (including In-Kind) \$11,829.00

Total Income **\$11,829.00**

Expenses

Facility	\$4,500.00
Catering	\$1,410.00
Marketing/Printing/Graphics/Shirts	\$3,542.00
Equipment (Sports/Medical)	\$762.00
Supplies	\$1,608.00
Entertainment	\$400.00
Staging/Decorations	\$376.00
Videography/Photography	\$425.00

Total Fixed Expenses **\$13,023.00**

Net Profit & Loss **(\$1,194.00)**

Event Name: Youthfit
Event Coordinator: David DeMartino/ Russiah Turton
Event Organizer: Denita Pimienta
Event Type: Kids Camp
Date: December 21, 2019
Location: Civic Center- Full Facility
Move in Time: 8:00 a.m.-10:00 a.m.
Event Time: 10:00 a.m. – 3:00 p.m.
Move Out Time: 3:00 p.m. - 4:00 p.m.
Attendees: 170
Vendors: 15 out of 20
Repeat Event: Yes
Alcohol Permit: No
Recap Meeting Needed: No
Return: Yes

Summary:

- Client was scheduled for a 7:00 a.m. load-in, but they didn't arrive until 8:00 a.m.
- Load-in ran smoothly with vendors entering through the Sabal Ballroom. Client's staff directed vendors into the lobby and placed them at their tables for setup
- Client's staff was organized and had everything quickly set up
- Vendors arrived on time and were ready for today's event
- 15 out of 20 vendors showed up for the event
- Osceola Sheriff's Office "touch-a-truck" vehicles and the Blood Bus were parked in the Civic Center driveway
- Participants began arriving at 9:00 a.m. and waited outside the sliding doors. Kids were excited for the event and ready to play.
- Doors opened at 9:45 a.m. The kids headed in, grabbed their bags, and ran into the gym to start playing.
- About 50 kids participated in the event.
- Lunch was served at 1:30 p.m. to all the spectators, and vendors began break down
- Scrimmage began at 2:00 p.m., ballrooms were cleared out.
- Event ended at 3:00 p.m., and toys were given to the kids as they left the building.
- Client and all equipment was out of the building by 4:00 p.m.

Attendance:

10:00 a.m.	80
11:00 a.m.	140
12:00 p.m.	152
1:00 p.m.	167
2:00 p.m.	110
3:00 p.m.	100

Issues:

No Issues
No Issues
No Issues
No Issues
No Issues
No Issues

Issues:

- Client requested linen in the ballrooms, change order form was filled out.
- Attendance was lower than expected.
- Client food vendor was late, so lunch was pushed back until 1:30 p.m.

Suggestions:

- The event should be more contained, the full Civic Center should not be used.
- Around this time of year kids are leaving for vacation with their families; Do event a little earlier in December.
- Stick to one specific genre whether it be basketball, cheer, football etc.

Deposit Refund Information

Deposit Amount Paid: \$616.00

Refund Granted: Yes, refunding \$546.00 of \$616.00 deposit.

Client added extra table linen for their ballroom setup. \$70.00 fee was noted in the change order form

Household #: 9042

Reservation #: 10568



Organization: CAAIRE **Event:** YouthFit's Family Fun Day & Walk/Run **Date:** October 23, 2021

Facility Fee:			
Lighthouse Lawn	\$700.00 per day	\$700.00 per day x 1 day	\$700.00
Panther and Otter pavilions	Included with Lawn		
Rental Items:			
Portalets	\$100.00 -200.00 per unit; environmental & COVID19 fees \$7.75 each	2 Regular x \$100, 1 ADA x \$135, 1 Sink x \$200, 4 units x \$7.75, delivery fee \$50	\$616.00
Utilities - Water & Power	\$25.00 each	Power \$25.00	\$25.00
Taxes:		7.5%	EXEMPT
Staff:			
Total Estimate			\$1,341.00
Reservation Deposit (Amount Paid on Balance to Hold Date - Non Refundable)			\$250.00
Total Balance Due Before Damage Deposit			\$1,091.00
Damage Deposit (Refundable)			\$140.00
Total Due Before Fee Waiver			\$1,231.00
Fee Waiver Amount			
Total Due 30 Days Prior to Event			\$1,231.00

FEE WAIVER GRANT RANKING FORM

Organization Name: HELPING HAND, INC

Event Name: MASQUERADE BALL

Event Date: 10/23/21

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$2,500

Previous Year's Fee Waiver Award: N/A

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Helping Hand, Inc,

Full Legal Name of Organization

Elizabeth Spirito

Name of Chief Officer/President

407-230-5746

Telephone Number

407-230-5746

Mobile Number

Organization Address *

12281 Sumter Drive

Street Address

Orlando

City

Florida

State/Region/Province

32824

Postal / Zip Code

United States

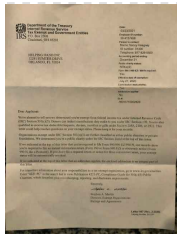
Country

Eligibility/Type *

☒ Non-Profit ☐ Government ☐ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



IRS_APPROVAL.jpg

Event Contact Information

Elizabeth Spirito

Name of Event Contact

President

Title of Event Contact

407-230-5746

Telephone

Elizabeth4hhco@gmail.com

Email

Fee Waiver Grant Program Request

Event Information

Name of Event *

Masquerade Ball Fundraiser for Foster Kids

Start Date & Time of Event *

10/23/2021 07:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/23/2021 11:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

200

Brief Description of Event *

This is our 2nd annual fundraiser event to provide funds to support our local foster kids events throughout the year. We are also using funds for our new program called HYTOP Homeless Youth Transition Outreach Program, where we will rescue young adults living in Kissimmee streets and transition them into our society.

Grant Request Amount *

2500.0

USD

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

04/30/2021 11:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

04/30/2021 10:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Will your event require tents? *

☐ Yes ☒ No

Will your event require vehicle access to the park?

☐ Yes ☒ No

Will your event require road closures? *

☐ Yes ☒ No

Will your event require portable restrooms? *

☐ Yes ☒ No

Will your event require utilities? *

☐ No ☒ Power ☒ Water

Will your event hire outside production companies? *

☐ Yes ☒ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☒ Reception Area
☒ Autograph Area	☒ Food Prep Area	☒ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☐ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

☒ Yes ☐ No

Will your event require a DJ?

☒ Yes ☐ No

Fee Waiver Grant Program Request

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Will your event have performers?

☒ Yes ☐ No

If you are having performers, please list if they are local, national, or international.

Local artist from Business Management Solutions our partners.

Audio / Visual

Is this an indoor event?

☒ Yes ☐ No

Will your event require the rental of audio equipment?

☒ Yes ☐ No

Will your event require the rental of any additional audio equipment?

☒ Podium

☐ Easels

☒ Projector & Screen

☐ TV/VCR/DVD Player

☒ Microphones

☒ Extension Cords/Power Strips

☐ None

Promotions

Will your event require banners to be hung? *

☒ Yes ☐ No

At what level will your event be promoted? *

☒ Local ☐ Regional ☐ National

Will the media be invited? *

☒ Yes ☐ No

If the media will be invited, what type of media will be expected? *

Local news media

Fee Waiver Grant Program Request

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

July 27, 2020

How long has the sponsoring organization physically been in operation? *

Since 2011

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

We have 4 committees;
Fundraising
Community
Events
Foster Kids - only background volunteers attend these events.
We recruit our volunteers by our social media presence and our faithful partners that have been with us for 10 years! We have support from Mayor Olga Gonzalez, Commissioner Olga Castano is a Board Member of Helping Hand. We have served the Kissimmee area for 10years. We are not in need of City Support so we can help those less fortunate in a real way!

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☒ Yes ☐ No

If yes, please identify the event(s). *

Christmas in July @ Church and Community Assistance Program (Mayor Olga Gonzalez) parking lot for our 2020 Covid-19 walk through event.
Salsa Heat Dance Studios - we had our last years Masquerade Ball and just the other day we had an International Dinner Fundraiser there. We have outgrown both venues.

Has this specific event been previously produced? *

☒ Yes ☐ No

If so, when and where was the event held? *

Salsa Heat Dance Studio October 2020

Fee Waiver Grant Program Request

What is the uniqueness of the proposed event? *

What makes us unique is that we personalize our foster kids events in detail so that each kid gets the toys and gifts their heart desires, plus more! We have been putting smiles on these foster kids faces for 10 years and we want to include more foster associations so we can bless more of them! Our Homeless Transition Program is one of its kind! WE are rescuing homeless Kissimmee youths ages 18-24, housing them in a private Kissimmee Airbnb hotel. We have 22 Healthcare Volunteers to give them healing, counseling, job training, education and set them up for a real positive change to become productive members of our society. They will also give back and be mentors to our newer rescues!

How does the proposed event support the organization's mission and impact to residents? *

This event, and this fee waiver will support our mission in a very tangible way! We will not have to spend all our money putting the event together, hence we will be able to finally make a profit and put the funds toward our Homeless Fund.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☒ Yes ☐ No

Is so, please describe the impact:

The impact will be life saving! When our local businesses hear about us and what we believe God has placed in our hearts to do, they are grateful and excited to help and be apart of this life changing mission.

Please attach your itemized event budget.

 Budget_-_Masquerade_2021.docx

Marketing

How does the proposed event benefit the image or reputation of the City? *

The benefit is evident in taking these homeless, traumatized young people off our streets!

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

FACEBOOK - WEEKLY
INSTAGRAM - WEEKLY
EMAILS - WEEKLY

How much money will the sponsoring organization commit towards advertising? *

We do not have a budget for advertising. We use all free advertising platforms. Our goal is to have a budget and get more local business to partner with us!

Fee Waiver Grant Program Request

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☒ Yes ☐ No

If so, please state the commitment of all other groups: *

Purple Angels Org - set up/break down volunteers

Has the sponsoring organization solicited local vendors to support the event?

☒ Yes ☐ No

If so, please identify all vendors that have committed to the event: *

Kimberly's Kitchen is our food vendor
Memorable Moments DJ



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

HELPING HAND INC
12281 SUMTER DRIVE
ORLANDO, FL 32824

Date: 03/23/2021
Employer ID number: 38-4157458
Person to contact: Name: Nancy Heagney
ID number: 31306
Telephone: 877-829-5500
Accounting period ending: December 31
Public charity status: 509(a)(2)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: July 27, 2020
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053710002820

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

2ND ANNUAL MASQUERADE BALL

ITEMIZED BUDGET

VENUE EXPENSES:

- Inside Venue cost for 200+ - \$2500
 - Tables/Chairs/Linen
 - Podium
 - Stage/Mics
 - Audio/Video
 - Dance Floor
 - Registration Area
 - Silent Auction Area
 - Bar Area
- Other essential costs for event - \$2,270
 - DJ - \$400
 - Food - \$1,400
 - Water/Soda - \$65
 - Alcohol vendor - \$275
 - Volunteer Awards - \$130



Event: Masquerade Ball **Event Date:** October 23, 2021

Arena - floor covered	\$1,295.00 per day	1 day rental x \$2130.00	\$2,130.00
Rental Items:			
Arena Audio Visual Package	\$488.00		\$488.00
Arena Audio Visual Package includes arena projector,			
arena screen, house speakers, wi-fi, 3 microphones,			
and technician for 4 hours			
Dance Floor	\$5.00 per sf	24' x 24' dance floor, 576 sf x \$5.00	\$2,880.00
Podium	\$50.00 per item	1 podium x \$50.00	\$50.00
Taxes:		7.5%	EXEMPT
Staff:			
Event Coordinator (11:00am-12:00am)	\$25.00 per hour	1 Coordinator x 12.5 hours x \$25.00 per hour	\$312.50
Event Staff (6:30pm - 12:00am)	\$15.00 per hour	2 Event Staff x 5 hours x \$15.00 per hour	\$150.00
Event Technician (6:00pm-10:00pm)	\$15.00 per hour	included in the Arena Audio Visual package	\$0.00
Post Event Decontamination	\$150.00		\$150.00
Total Estimate Before Deposits			\$6,160.50
Reservation Deposit (Non Refundable) Required to hold date			\$500.00
Damage Deposit (Refundable)			\$426.00
Total Amount Before Fee Waiver			\$6,086.50
Fee Waiver (Will Add Once Amount is Determined)			\$0.00
Total Due 30 Days Prior to Event			\$6,086.50

FEE WAIVER GRANT RANKING FORM

Organization Name: KISSIMMEE MAIN STREET

Event Name: BOO ON BROADWAY

Event Date: 10/29/21

Year of fee waiver award: 2

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$3,000

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Kissimmee Main Street

Full Legal Name of Organization

John Fields, Board President

Name of Chief Officer/President

407.870.5534

Telephone Number

497.361.2710

Mobile Number

Organization Address *

421 Broadway

Street Address

Kissimmee

City

Florida

State/Region/Province

34743

Postal / Zip Code

United States

Country

Eligibility/Type *

☒ Non-Profit ☐ Government ☐ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



501_C_3.doc

Event Contact Information

Diana Marrero-Pinto

Name of Event Contact

Executive Director

Title of Event Contact

440-714-8124

Telephone

dmarreropinto@kissimmeemainstreet.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

BOO! on Broadway

Start Date & Time of Event *

10/29/2021 06:00 PM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

10/29/2021 09:00 PM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

5000

Brief Description of Event *

fall event BOO! on Broadway is free family friendly event for the entire community. Second only to the annual holiday parade, BOO! on Broadway is the highest attended event on Broadway. The event includes trick-or-treating and begins at the Kissimmee Main Street office where participants will be given a map and a list of the night's activities. In previous year's the festivities have include a magic show, a balloon artist, live entertainment, music, and a dance performances. It includes special features like, "Adventures in BOOville" in partnership with the Early Learning Coalition of Osceola County, the Kissimmee Case Race –a casket derby, and an opportunity to take a "Twilight Ghost Tour of Downtown Kissimmee" hosted by Osceola County Historical Society. Along the Broadway route, over 100 businesses and vendors give candy to costumed trick-or-treaters. The event also invites families to United Methodist Church to enjoy a pumpkin decorating contest and a movie. During the movie they can enjoy free popcorn, drinks, and of course their candy.

Grant Request Amount *

3000.0

USD

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

10/29/2021 04:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

04/29/2021 09:30 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Fee Waiver Grant Program Request

Will your event require outdoor staging? *

☒ Yes ☐ No

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Will your event require tents? *

☒ Yes ☐ No

Will your event require vehicle access to the park?

☐ Yes ☒ No

Will your event require road closures? *

☒ Yes ☐ No

If you require road closures, please provide details on your requested closures? *

Kissimmee Main Street request the closure of Broadway from Neptune Ave. to Rose Ave.

Will your event require portable restrooms? *

☒ Yes ☐ No

Will your event require utilities? *

☒ No ☐ Power ☐ Water

Will your event hire outside production companies? *

☐ Yes ☒ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☒ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Fee Waiver Grant Program Request

Entertainment

Will your event require alcoholic beverages to be dispensed or sold?

☐ Yes ☒ No

Will your event require a DJ?

☒ Yes ☐ No

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Will your event have performers?

☒ Yes ☐ No

If you are having performers, please list if they are local, national, or international.

All BOO! on Broadway performers are local artist.

Audio / Visual

Is this an indoor event?

☐ Yes ☒ No

Promotions

Will your event require banners to be hung? *

☒ Yes ☐ No

At what level will your event be promoted? *

☐ Local ☐ Regional ☒ National

Will the media be invited? *

☒ Yes ☐ No

If the media will be invited, what type of media will be expected? *

Every year BOO! on Broadway draws the attention of local radio and print media and social media influencers.

Fee Waiver Grant Program Request

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

Kissimmee Main Street was incorporated on August 19, 1997.

How long has the sponsoring organization physically been in operation? *

Kissimmee Main Street began operating late 1997.

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

1. Board of Directors
2. Executive Director, Diana Marrero-Pinto
3. Staff (Small Business Liaison and Marketing Coordinator)

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☒ Yes ☐ No

If yes, please identify the event(s). *

Kissimmee Main Street host several events with the assistance of The City of Kissimmee, including the Kissimmee 5K in February, Hop on Downtown in April, the Back to School Block Party in August, and this specific event.

Has this specific event been previously produced? *

☒ Yes ☐ No

If so, when and where was the event held? *

BOO! on Broadway was last held in October 2019. The 2020 BOO! on Broadway was hosted virtually due to the Covid-19 pandemic.

What is the uniqueness of the proposed event? *

BOO! on Broadway is the only free family fall event of this size in Osceola County. Individuals visit from as far away as Seminole and Orange County while also drawing the attention of tourist also. Because the event is held on Friday evenings, guest can utilize the Sunrail for transportation.

Fee Waiver Grant Program Request

How does the proposed event support the organization's mission and impact to residents? *

The mission of Kissimmee Main Street is to preserve and promote Historic Downtown Kissimmee for current and future generations. What better way to endure individuals to our beautiful downtown than to host events that spotlight our small business and create family memories for generations to share.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☒ Yes ☐ No

Is so, please describe the impact:

Every year merchants report on post event surveys respond the BOO! on Broadway event increases sales for their business.

Please attach your itemized event budget.

 Boo_Budget_2019.pdf

Marketing

How does the proposed event benefit the image or reputation of the City? *

BOO! on Broadway brings families from all over to enjoy the City of Kissimmee. They create lasting, positive memories and increase sales in the downtown.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Kissimmee Main Street will utilize all marketing channels available to us for free including, radio spots, an e-news letter delivered to over 5,000, social media with a reach of over 20,000 and printed flyers.

How much money will the sponsoring organization commit towards advertising? *

Kissimmee Main Street utilizes free social media and the strong reputation and word of mouth BOO! on Broadway has established in it's years of existence to advertise the event.

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☒ Yes ☐ No

Fee Waiver Grant Program Request

If so, please state the commitment of all other groups: *

Several nonprofits partner to make BOO! on Broadway a wonderful experience for the entire community including; Osceola Council on Aging, Church and Community Assistance Program, Love Makes Me Grow, and others.

Has the sponsoring organization solicited local vendors to support the event?

☒ Yes ☐ No

If so, please identify all vendors that have committed to the event: *

At this point we have no confirmed vendors but expect no less fifty to participate.

Kissimmee Main Street Program, Inc.
20-1867527
Supplemental Statements for Form 1023

Form 1023, Part IV: Narrative Description of Activities

Kissimmee Main Street Program, Inc. was organized exclusively for charitable and educational purposes. Specifically, Kissimmee Main Street Program, Inc. will provide guidance on the historical preservation opportunities that are available to the people of Kissimmee.

Historic preservation will be facilitated in several ways. Kissimmee Main Street Program, Inc. will provide design assistance to merchants and property owners in downtown Kissimmee to help ensure that exterior improvements, from renovation and rehabilitation projects to new construction, are compatible with the overall architectural character of the historic downtown commercial area.

Particular attention will be paid to issues such as facades, signage and exterior fixtures. Kissimmee Main Street Program, Inc. will receive in-kind technical support from both Main Street Florida in Tallahassee and the National Main Street Center in Washington, DC. In addition, a program also exists which seeks to educate Kissimmee property owners about the benefits and importance of preserving historic properties. These activities ensure the development of a streetscape, which is consistent with Kissimmee historic downtown and encourage higher standards for the maintenance of historic buildings. Our current Local Program Area encompasses an area of the downtown which is occupied by both businesses and County/City offices.

Kissimmee Main Street Program, Inc. will educate the public and merchants through our sponsorship of workshops and training programs on a variety of topics such as the history of Kissimmee, façade and design issues, historic preservation rehabilitation tax credits and customer services. We also have plans to sponsor monthly seminars designed to assist merchants in maintaining the appearance of their stores and areas in front of the stores; for example, seminars on landscaping, building maintenance and visual merchandising.

In addition, Kissimmee Main Street Program, Inc. will provide assistance to the promotional activities of downtown district businesses by monitoring the effectiveness of promotional programs. Kissimmee Main Street Program, Inc. will also coordinate with district businesses and property owners to plan events that tie in with Kissimmee Main Street Program, Inc.'s promotional events. The Kissimmee Main Street Program, Inc. will also compile a district business, traffic and parking directory.

Kissimmee Main Street Program, Inc.
20-1867527

Supplemental Statements for Form 1023

Part V, Line 1a: List of Officers

Name	Title	Address	Compensation
Jeremy Lanier	President	108 Broadway Ave Kissimmee, FL 34741	-0-
Abby Montpelier	Vice President	P.O. Box 422007 Kissimmee, FL 34742-2007	-0-
Sherry Marcoe	Treasurer	2013 Seminole Ave Kissimmee, FL 34741	-0-
Melissa Bancroft	Outreach Committee Chair	421 Sumner Str Kissimmee, FL 34741	-0-
Thom Schmitt	Program Committee Chair	1811 Emmett Str Kissimmee, FL 34741	-0-
Donnita Dampier	Design Committee Chair	P.O. Box 336 Intercession City, FL 33848	-0-
Lee Mikell	Economic Restructuring Committee Chair	920 N. John Young Pkwy Kissimmee, FL 34741	-0-
Nanette Kelley	Director	2 Ct House Square Kissimmee, FL 34741	-0-
Alasha Mikell	Director	920 N. John Young Pkwy Kissimmee, FL 34741	-0-
Roy Oddo	Director	220 E. Monument Ave Kissimmee, FL 34741	-0-
Phyllis Ross	Director	1770 The Oaks Blvd Kissimmee, FL 34741	-0-

Part V, Line 2a

Lee Mikell, the Economic Restructuring Committee Chair, and Alasha Mikell, a Director, both serve on the Kissimmee Main Street Program Inc.'s Board of Directors. They are married.

Kissimmee Main Street Program, Inc.
20-1867527
Supplemental Statements to Form 1023

Part VIII, Line 2b: Explanation

Attempts to influence legislation are not a part of the Organization's current or planned activities. No time or money is spent or budgeted toward activities designed to influence legislation.

Part VIII, Line 4a: Explanation of Fundraising Activities

Government Grants: The Organization plans to apply for government grants from Osceola County, the City of Kissimmee and the Tourist Development Council. These grants should constitute the majority of the Organization's revenues.

The Organization is also planning fundraising events designed to bring residents and visitors into the downtown district and draw the community's attention to the district. The Organization is planning events that will occur on a periodic basis and on holidays. Examples include a 4th of July picnic, a "Dinner and a Movie" event scheduled for Friday nights in the fall. Other planned events include a Meat Loaf cookoff and a Cinco De Mayo celebration. All proceeds from these events will be used for further promotion of the downtown business district and for beautification.

Part VIII, Line 6a: Explanation of Economic Development

The Organization will conduct marketing, merchandising, customer service and other pertinent workshops for the edification of district business owners, managers and employees. These workshops will focus on the appearance of the stores and storefronts.

The Organization will also assist district businesses through the identification of downtown market opportunities and the dissemination of relevant information to existing businesses. The Organization will also monitor changes within the downtown business district on an ongoing basis. These efforts are designed to help recruit additional businesses to the downtown district and enhance the profile of the downtown district.

These efforts toward economic development are intended to benefit district businesses and property owners. The Organization believes that the preservation of the district's historical character will be enhanced if the existing businesses in the district area become more economically viable. By preserving the district's historical charm and planning events to draw residents and visitors to the district, the Organization hopes to educate businesses and property owners of the benefits of historical preservation.

Part VIII, Line 11: Acceptance of non-cash donations

The Organization does not currently accept any contributions in the form of personal property, for example, art work, vehicles, boats, planes or collectibles.

In the future, there might be opportunities for the Organization to receive such types of gifts. If received, the Organization will only accept these contributions free of any restrictions. They will be used in the Organization's general operating fund to help further the Organization's programs and services.

Kissimmee Main Street Program, Inc.
20-1867527
Supplemental Statements for Form 1023

Part IX, Itemized List of Additional Expenses for Program Services

<u>Item</u>	<u>10/04-09/05</u>	<u>10/05-09/06</u>	<u>10/06-09/07</u>	<u>Total</u>
Economic Development	\$15,000	\$40,000	\$40,000	\$95,000
Design	\$10,000	\$50,000	\$58,000	\$118,000
Office Expenses	<u>\$ 2,500</u>	<u>\$10,000</u>	<u>\$12,000</u>	<u>\$24,500</u>
Total	<u>\$27,500</u>	<u>\$100,000</u>	<u>\$110,000</u>	<u>\$237,500</u>

Part IX, Part B, Line 8: Depreciable Assets

Desk & Furniture	\$1,500
Computer & Printer	<u>1,000</u>
Total	<u>\$2,500</u>

Boo! On Broadway

Event Budget for Boo! On Broadway: EXPENSES

Operational	Estimated	Actual
Entertainment	\$1,000.00	\$700.00
DJ 3 Sisters Sponsored	\$400.00	\$0.00
Cost COK	\$4,105.00	\$4,105.00
Movie -FUMC Sponsored	\$250.00	\$0.00
Total	\$5,755.00	\$4,805.00

Decorations	Estimated	Actual
Photo Booth	\$100.00	\$150.00
Banners	\$125.00	
Lighting	\$100.00	\$0.00
Balloons	\$0.00	
Paper supplies	\$0.00	
Total	\$325.00	\$150.00

Design/Print	Estimated	Actual
Graphics	\$250.00	
Printing	\$200.00	
Total	\$450.00	\$0.00

Marketing	Estimated	Actual
Print	\$1,350.00	
Radio	\$550.00	
Television	\$0.00	
Internet	\$600.00	
Total	\$2,500.00	\$2,500.00

Refreshments	Estimated	Actual
Candy	\$3,000.00	\$3,000.00
Total	\$3,000.00	\$3,000.00

Promotional Items	Estimated	Actual
Bags	\$300.00	
Misc	\$150.00	
Total	\$450.00	\$0.00

Prizes	Estimated	Actual
Ribbons/Plaques/Trophies	\$200.00	\$100.00
Gifts		
Total	\$200.00	\$100.00

Total Expenses	Estimated	Actual
	\$12,680.00	\$10,555.00

Actual Cost Breakdown

Estimated vs. Actual



Kissimmee Main Street (KMS) hosted their annual Fall event on Broadway in downtown Kissimmee Friday, October 25th.

An estimated 5,500 participated in BOO! on Broadway this year. The route for trick-or-treating including Broadway in its entirety with the exception of a bus route. Kissimmee Main Street provided 1,000 free bags to collect their candy and participants were given informative maps containing entertainment schedule, special features, and promotions. A-frames were placed in the median with this same information.

Along the route, over 50 downtown businesses along with over 50 vendors handed out candy to all of kids dressed up in costumes. The event included stilt walkers, music, dance performances, an Elvis impersonator, pumpkin painting and so much more. This year two teams raced in the Kissimmee Case Race and for the third consecutive year, Conrad Thompson, took home the trophy.

After the trick-or-treating, some of the families enjoyed the Pixar movie *Toy Story 4*. During the movie they were able to enjoy popcorn, drinks, and of course their candy at First United Methodist Church.

Trick or Treat on Broadway is held every year on the Friday before Halloween.

1) Actual Event Budget including Profit and Loss Statement and Revenue Report

Attached

2) Complete list of all vendors associated with the event.

- | | |
|----------------------------------|----------------------------------|
| 1. First United Methodist Church | 25. Aero Star Training |
| 2. Kissimmee Lions | 26. Avenue 1 |
| 3. Rice Ranch | 27. GOL Tutoring |
| 4. Osceola Animal Services | 28. Humana |
| 5. New Birth Church | 29. Scentsy |
| 6. Cub Scouts | 30. Hamilton at Lakeside |
| 7. Museum of Military History | 31. Mike Fisher |
| 8. Florida Insurance Exchange | 32. YMCA |
| 9. Johnson University | 33. Cricket Wireless |
| 10. Osceola Public Works | 34. Physic Holly |
| 11. Osceola Technical College | 35. Mary Kay |
| 12. Osceola Historical Society | 36. Sun Star Realty |
| 13. Pirates | 37. Florida Blue |
| 14. Urbana | 38. Community Health Services |
| 15. Moonlight Dance | 39. HempWorx |
| 16. Fire Department | 40. Osceola County Tax Collector |
| 17. KFD Union | 41. FDOT |
| 18. ELC (2) | 42. Young Rembrandt |
| 19. BeYouOlogy | 43. Hero for Kids |
| 20. KUA | 44. Seawolves |
| 21. Josue Lorenzo | 45. State Farm |
| 22. La 'Kalle | 46. 4 Rivers |
| 23. Kissimmee Rotary | 47. Simmons Law |
| 24. ALCO | 48. Royal Motor |
| | 49. Royal Kings Car Club |

3) A copy of all marketing material used to market, promote and advertise the event.

Along with posters, flyers, Aframes, and radio ads, below is an example of the social media postings.





CITY OF
KISSIMMEE
1883

October 7

As BOO! on Broadway approaches, we want to take time to say thank you to those who make this spectacular event possible!
The City of Kissimmee Government is a valued sponsor that works hard to assist Kissimmee Main Street in making this event fun and safe for your family.
We couldn't do it without you!

Tag Photo

Tag Products in Photo

Add Location

Edit

13

2 Shares

Like

Comment

Share

Write a comment...

Royal Kings Motorsport Club Presents

TRUNK OR TREAT

BOO! on Broadway

As Part of BOO! on Broadway
ON OCTOBER 25TH
 6:00PM-9:00PM

Sponsored By:

SIMMONS
LAW GROUP

a special feature at this year's event

BOO! ON BROADWAY
 OCTOBER 25, 2019
 6-9PM

PRESENTED BY KISSIMMEE MAIN STREET

INCLUDING:

- TRICK OR TREATING
- TWILIGHT GHOST TOURS OF DOWNTOWN KISSIMMEE
 HOSTED BY THE OSCEOLA COUNTY HISTORICAL SOCIETY
- THE GREAT KISSIMMEE CASE RACE
- LIVE ENTERTAINMENT FROM THE STAGE
 THROUGHOUT THE NIGHT
- PUMPKIN CARVING & A MOVIE AT
 FIRST UNITED METHODIST CHURCH

ADVENTURES IN BOOVILLE PRESENTED BY:

Gingerbread House
 Pre-School & Pre-K
 404 E. 1st St. Kissimmee, FL 34741

EVENT TAKES PLACE DOWNTOWN KISSIMMEE ON BROADWAY

BATMAN AT BOO!

KAPOW! BOOM!

A HERO FOR KIDS
BATMAN
 WILL BE AT BOO!
OCTOBER 25TH 6-9PM

BOO! on Broadway

346-3044

BRECK'S

KISSIMMEE MAIN STREET PRESENTS

THE GREAT KISSIMMEE CASE RACE

BOO ON BROADWAY
25 OCT
6-9 PM

HISTORIC DOWNTOWN KISSIMMEE
 RACE BEGINS AT 7:00PM
 IN FRONT OF THE
 KISSIMMEE MAIN STREET WELCOME STATION

Conrad & Thompson
 funeral home
 and cremation services

VS

PIRATE'S
 ISLAND
 ADVENTURE GOLF



ADVENTURES IN BOOVILLE

**AN INTERACTIVE ADVENTURE
FOR OUR LITTLEST EXPLORERS**

part of

**OCTOBER 25TH
6-9PM**

BOO! on Broadway

**HISTORIC
DOWNTOWN
KISSIMMEE**

**DESIGNED FOR KIDS 0-5
BOOK GIVEAWAYS
FAMILY RESOURCES**

Sponsored by

THE SCHOOL DISTRICT OF OSCEOLA COUNTY
1887

Gingerbread House
Pre School & Pre-K

Green Roots
Business for Children

Live @the **DAKIN AVE. STAGE**

TWO SHOWS
**7:30pm
& 8:30pm**

OCTOBER 25, 2019

VICTOR SOLOGAISTOA JR. AS
ELVIS PRESLEY

BOO! on Broadway

**COSTUMED CRITTERS
CONTEST!**

See you at
Boo on Broadway!

pet trick or treating!
(at select vendor booths)

REGISTER YOUR PET AT THE
RICE RANCH ORGANIC DOG TREATS BOOTH
CONTEST TAKES PLACE AT 8:30 PM ON THE STAGE

Sponsored by

FREE FAMILY EVENT!
Open to all pets!

*all pets must remain on leash

October 25th
6-9 pm
Downtown Kissimmee

RICE RANCH ORGANIC DOG TREATS

KISSIMMEE
- MAIN STREET -

CITY OF
KISSIMMEE
1 8 8 3

Event Name: Boo on Broadway **Event Date:** October 29, 2021

Administrative Fee:				\$100.00
Rental Items:				
Traffic Barricades	.40 - \$1.00 per unit		31 Type II x .40 and 15 Type III x 1.00	\$27.40
Crowd management barricades	\$10.00 each		30 barriers x \$10.00	\$300.00
Portalets	\$100.00 -200.00 per unit; environmental & COVID19 fees \$7.75 each		4 Regular x \$100, 2 ADA x \$135, 2 Sinks x \$200, 8 units x \$7.75, delivery fee \$50	\$1,182.00
EZ systems	\$80.00 each		1 Trash and 1 Recycling x \$80.00	\$160.00
Taxes:			7.5%	EXEMPT
Staff:				
Parks staff (5:00pm - 10:00pm)	\$15.00 per hour		2 Parks staff x 5 hours x \$15.00 per hour	\$150.00
Traffic/Road closing staff (4:00pm - 10:00pm)				
KPD Officers (4:00pm-10:30pm)	\$47.00 per hour		15 Officers x 6.5 hours x \$47.00 per hour	\$4,582.50
KPD Supervisors (4:00pm - 10:30pm)	\$51.00 per hour		2 Supervisors x 6.5 hours x \$51.00 per hour	\$663.00
Lieutenant (4:00pm - 10:30pm)	\$51.00 per hour		1 Lieutenant x 6.5 hours x \$51.00	\$331.50
EMT (6:00pm-10:00pm)	\$30.00 per hour		2 EMT x 4 hours x \$30.00 per hour	\$240.00
Street Sweeper (9:30pm-10:30pm)	\$15.00 per hour		1 Staff x 1 hour x \$15.00 per hour	\$15.00
Total Estimate				\$7,736.40
Reservation Deposit (amount Paid on Balance to Hold Date-Non Refundable)				\$500.00
Damage Deposit (Refundable)				\$333.88
Total Balance Due Before Fee Waiver				\$7,570.28
Fee Waiver (Will Add Once Amount is Determined)				\$0.00
Total Due 30 Days Prior to Event				\$7,570.28

FEE WAIVER GRANT RANKING FORM

Organization Name: JAPAN ASSOCIATION **Event Name:** ORLANDO JAPAN FESTIVAL

Event Date: 11/7/21

Year of fee waiver award: 2

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: \$3,000

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Japan Association Of Orlando, Inc.

Full Legal Name of Organization

Takemasa Ishikura

Name of Chief Officer/President

407-435-9387

Telephone Number

407-435-9387

Mobile Number

Organization Address *

P.O. Box 692518

Street Address

Orlando

City

FL

State/Region/Province

32879

Postal / Zip Code

United States

Country

Eligibility/Type *

☒ Non-Profit ☐ Government ☐ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



JAO_IRS_Approval_Letter_5346_.PDF

Event Contact Information

Peter Campbell

Name of Event Contact

JAO Member

Title of Event Contact

407-922-0854

Telephone

pete@jorlando.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event ***Start Date & Time of Event ***

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees ***Brief Description of Event *****Grant Request Amount *****USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

☒ Yes ☐ No

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event require tents? *

☒ Yes ☐ No

Will your event require vehicle access to the park?

☒ Yes ☐ No

Will your event require road closures? *

☐ Yes ☒ No

Will your event require portable restrooms? *

☒ Yes ☐ No

Will your event require utilities? *

☐ No ☒ Power ☐ Water

Will your event hire outside production companies? *

☐ Yes ☒ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☒ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☐ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

☒ Yes ☐ No

Will your event require a DJ?

☐ Yes ☒ No

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event have performers?

☒ Yes ☐ No

If you are having performers, please list if they are local, national, or international.

Mainly local performers, but some could be national and international performers.

Audio / Visual

Is this an indoor event?

☐ Yes ☒ No

Promotions

Will your event require banners to be hung? *

☒ Yes ☐ No

At what level will your event be promoted? *

☒ Local ☒ Regional ☒ National

Will the media be invited? *

☒ Yes ☐ No

If the media will be invited, what type of media will be expected? *

TV station

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

10 years.

How long has the sponsoring organization physically been in operation? *

Over 20 years.

Fee Waiver Grant Program Request

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

By word of mouth.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☒ Yes ☐ No

If yes, please identify the event(s). *

This will be the 3rd event year.

Has this specific event been previously produced? *

☒ Yes ☐ No

If so, when and where was the event held? *

Hunter's Creek and Kissimmee.

What is the uniqueness of the proposed event? *

This event displays authentic culture from Japan. Nothing like this in the central Florida as far as we know.

How does the proposed event support the organization's mission and impact to residents? *

Our mission is to be the connection point of East meets West. Many of the attendees are praising our event every time.

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☒ Yes ☐ No

Fee Waiver Grant Program Request

Is so, please describe the impact:

Many people will attend this event and they will discover how beautiful the park is. Also, they will visit nearest retail outlet or restaurant afterwards.

Please attach your itemized event budget.



Budget_2021.xlsx

Marketing

How does the proposed event benefit the image or reputation of the City? *

Fun event = Fun City.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

We use mostly SNS. Also, we request free advertisement on TV and Radio.

How much money will the sponsoring organization commit towards advertising? *

\$1800 on designing posters and flyers with printing cost.

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☒ Yes ☐ No

If so, please state the commitment of all other groups: *

Orlando Hoshuko

Has the sponsoring organization solicited local vendors to support the event?

☐ Yes ☒ No

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

DEPARTMENT OF THE TREASURY

Date: **JAN 26 2011**

JAPAN ASSOCIATION OF ORLANDO INC
C/O BUSH ROSS PA
RANDY K STERNS
1801 N HIGHLAND AVE
TAMPA, FL 33602

Employer Identification Number:
45-3076295
DLN:
17053293313041
Contact Person:
BENJAMIN L DAVIS ID# 31465
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
March 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
June 21, 2011
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

JAPAN ASSOCIATION OF ORLANDO INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with a large initial "L" and "G".

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Itemized Budget for Orlando Ja

Type

Revenue

Corporate Sponsorship

Cash Donation (Individuals, etc)

In-Kind Donation

Anticipated Grant from City of Kissimmee

Japan Association of Orlando Commitment (Festival Revenue)

Total Revenue

Cost of Sales and Expenses

Cost of Beverage

Cost of Food

Cost of Merchandise

Release of Non-cash Donation

Advertising / Web Server

Board Meeting

Clerical

Contract Services

Equipment Rental

Festival Entertainers

Festival Supplies

Insurance - Liability

License & Permit

Post Festival Meeting - Meals

Postage, PO Box & Freight

Printing and Publications-Genl

Total Cost of Sales and Expenses

Japan Festival 2021	
Amount	
	12,400
	300
	4,500
	3,000
	13,500
	33,700

	1,300
	750
	550
	4,500
	200
	950
	2,500
	1,200
	12,000
	3,500
	2,500
	1,200
	200
	500
	50
	1,800
	33,700

ORLANDO JAPAN FESTIVAL 2019

November 17th, (Sunday) 11am-5pm

at: Kissimmee Lakefront Park
69 Lakeshore bl. Kissimmee, FL 34741

Free Admission
Free Parking

www.jorlando.org

[f @japanorlando](#)

[@jorlandomaster](#)

GOSPLAY

NIHON-BUYO

TAIKO

MUSHA

IAI

KOTO

YOSAKOI-SORAN

TAIKO De BALLET

Special Guest

WAGAKKI

JUDO



100 Drummers

Kimono Try-Outs

Bazaar

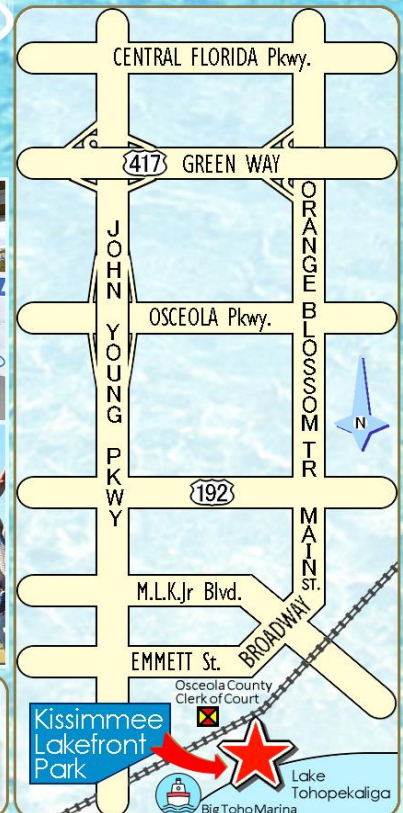
Raffle

Origami

Food Stall

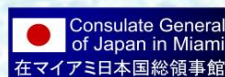
Ennichi

Bon Dance



Organized by / Japan Association of Orlando
Sponsored by / ACT America ♦ IACETravel ♦ Tachibana-ya
Mitsubishi Hitachi Power Systems Americas, Inc. ♦ Mitsukoshi U.S.A.
Mickeynet ♦ Rosen Hotels & Resorts ♦ Asia Trend Magazine
Mitsukoshi U.S.A. ♦ Orlando Taiko Dojo ♦ Caravan Serai Orlando

Supported by



Osceola County Clerk of Court



Lake Tohopekaliga

2019 Orlando Japan Festival Vendor List

Company Name	Contact Person	Phone Number	E-Mail Address
Festival Game Corner			century21kikuko@gmail.com
Orlando Science School			yoshikawa@actamerica.com
Orlando Japanese Baptist Church	Hiromitsu Takaoka	407-924-6684	amzngrace@live.jp
Keylime Newsletter	Noriko Hines		jhines0187@gmail.com
Jimotti's Restaurant	Junichi Takazoe		info@jimotti.com
Sushi Tomi			akikoochiai39@hotmail.com
Sushiology	Bob Joel Lazaro	321-948-0235	jbm2018llc@gmail.com
Goichi's Sushi Cafe	Junichi Matsumoto		jtgrmatsu@gmail.com
Sushi Kichi	Takanao Nakashima		teddynakashima@gmail.com
Don Don	Masako Coley	321-287-3819	fumasa702010@hotmail.com
Coco Shaved Ice	Nagatoshi Sagara		rikopin211@yahoo.co.jp
Orlando International Airport (MCO)	Darren L'Appanna	*only send emails to daren (NOT	darren.lappanna@goaa.org
Mikado Sushi	Amy Lin		amyluizbk@gmail.com
Central Florida Kyokushin	Carlos Vega		info@floridakyokushin.org
IACE Travel	Yasuhito Inomata	407-351-9999	yinomata@iace-usa.com
Mochiki	Vivian Sebastian		vsebastian45@gmail.com
Orlando Hoshuko/Furuhonichi	Koji Ogita	407-760-1774	orlandohoshukoinc@gmail.com
Misolucki	Anabela		misolucki@gmail.com
Toto USA, Inc.	Kazuhiro Hosokawa		kazuhiro.hosokawa@jp.toto.com
Bazaars by Mitsukoshi	Tatsuya Amano	407-352-1987	tatsuya.amano@mitsukoshi-orlando.com
Japan Florida Group, Inc.	Tomiko Kuroda		gotomitomi@gmail.com
Rodan & Fields	Kaoru Abril		kaoru_kay@msn.com
Cyros International- USA	Nicole Licourt		nl@cryosinternational.com
Tomato 2	Toshie Sato		tomoinc@bellsouth.net
Sushi Yoko (Tomato 2)	Toshie Sato		tomoinc@bellsouth.net
Weichert Realtors- Hallmark Properties	Kenji Mitsumori		jazz246@hotmail.com
Duncan Yo-yos			duncanschools@yo-yo.com
Reiko's Kimono Crafts	Reiko Yukawa		ykwkrkr@msn.com
Echo Arts and Gifts	Echo Lin		avbizglobal@gmail.com
Elemental Nursery	Jimmy Ling		info@elementalnursery.com
Yayoi-Japanese Kimono	Rie Campbell	407-873-5155	bunkie614@aol.com
Rising Sun Dojo	Pete Campbell	407-922-0854	bunkie614@aol.com
Asia Trend Magazine	Lau CK Gary	407-496-7338	asiatrendmagazine@yahoo.com
Cosplay Contest		Jaclyn.g.thomas@gmail.com	tom@greenmustard.com
Medical			sonoe@comcast.net
Orlando Taiko Dojo	Yuko Ishikura		matsuriza@earthlink.net
Consulate General of Japan			miwako.patton@mi.mofa.go.jp
MHPS			Akira.Nakayama@amer.mhps.com
U.S. Secret Service	Elmer Pagaragan		Elmer.Pagaragan@usss.dhs.gov
Fujinoya	Satomi Hirano		richlady63@hotmail.com
Kimono Try On	Satomi Hirano		
Uniasian Boutique	Cindy Wong		uniasianllc@gmail.com
Maricolle	Mariko Takahashi		maricolle@yahoo.com
Japanese Calligraphy	Miho Obatake		mihobtk1103@gmail.com
Central Florida Bonsai Club	Anthony Morgan	407-443-0718	artisanconcepts@gmail.com
New York Life Insurance Company	Jhayne Santucci		jsantucci01@ft.newyorklife.com

Japan Association of Orlando
Profit & Loss (Draft)
April through November 2019

	<u>Festival (program)</u>	<u>JAO (General)</u>	<u>TOTAL</u>
Ordinary Income/Expense			
Income			
Corporate Donation	2,950.00	0.00	2,950.00
Other Cash Income	0.00	22.00	22.00
Public Agency Contributions-002	3,000.00	0.00	3,000.00
Revenue - Rev1 Fund			
Cash Contributions-Non Food			
Advertisement/Brochure Income	450.00	0.00	450.00
Booth Fees	7,210.00	0.00	7,210.00
Drink Booth	2,573.81	0.00	2,573.81
Raffle Tickets	3,869.10	0.00	3,869.10
Revenue from Non-Food Booth			
Ennichi Booth	1,563.00	0.00	1,563.00
Shodo Booth	1,143.00	0.00	1,143.00
Total Revenue from Non-Food Booth	<u>2,706.00</u>	<u>0.00</u>	<u>2,706.00</u>
Sponsorship	<u>10,600.00</u>	<u>0.00</u>	<u>10,600.00</u>
Total Cash Contributions-Non Food	<u>27,408.91</u>	<u>0.00</u>	<u>27,408.91</u>
Rice Sale - After Festival	<u>747.00</u>	<u>0.00</u>	<u>747.00</u>
Total Revenue - Rev1 Fund	<u>28,155.91</u>	<u>0.00</u>	<u>28,155.91</u>
Revenue - Rev2 Fund			
Cash Contributions-Food & Bever			
% of Revenue	4,525.00	0.00	4,525.00
Total Cash Contributions-Food & Bever	<u>4,525.00</u>	<u>0.00</u>	<u>4,525.00</u>
Total Revenue - Rev2 Fund	<u>4,525.00</u>	<u>0.00</u>	<u>4,525.00</u>
Total Income	<u>38,630.91</u>	<u>22.00</u>	<u>38,652.91</u>
Cost of Goods Sold			
Cost of Beverage	222.28	0.00	222.28
Cost of Food	393.17	0.00	393.17
Cost of Merchandise	562.68	0.00	562.68
Total COGS	<u>1,178.13</u>	<u>0.00</u>	<u>1,178.13</u>
Gross Profit	<u>37,452.78</u>	<u>22.00</u>	<u>37,474.78</u>
Expense			
Accounting and Audit	500.00	0.00	500.00
Advertising/Web Server	0.00	178.52	178.52
Board Meeting - Meals	0.00	585.09	585.09
Business Gift	0.00	211.84	211.84
Clerical	1,500.00	0.00	1,500.00
Donation & Contribution	0.00	600.00	600.00
Equipment Rental	8,116.25	0.00	8,116.25
Facility Charge- City of Kissm	10,311.54	0.00	10,311.54
Festival Entertainers	2,500.00	0.00	2,500.00
Festival Supplies	3,038.20	100.00	3,138.20
Insurance - Liability	974.43	0.00	974.43
License & Permit	305.00	136.25	441.25
Office Supplies - Gen	0.00	85.19	85.19
Postage, PO Box & Freight	0.00	111.57	111.57
Printing and Publications	778.75	0.00	778.75
Total Expense	<u>28,024.17</u>	<u>2,008.46</u>	<u>30,032.63</u>
Net Ordinary Income	<u>9,428.61</u>	<u>-1,986.46</u>	<u>7,442.15</u>
Net Income	<u>9,428.61</u>	<u>-1,986.46</u>	<u>7,442.15</u>

Event Name: Orlando Japan Festival
Event Coordinator: Christina Schipani
Event Organizer: Japan Association of Orlando
Event Type: Festival
Date: November 17, 2019
Location: Festival Lawn
Move in Time: 7:00 a.m.
Festival Time: 11:00 a.m. - 5:00 p.m.
Move Out Time: 5:00 p.m.
Festival Attendees: Approximately 7,000
Festival Vendors: 49 of 52
Repeat Event: Yes

Summary:

Saturday, November 16, 2019

- 9:00 a.m. Taylor Rental delivered tents tables and chairs
- 11:00 a.m. United Serviced delivered porta units

Sunday, November 17, 2019

- 7:45 a.m. Vendor Inspection began late
- 10:20 a.m. Vendor Inspection ended late
- 10:30 a.m. All Vehicles off the lawn
- 11:00 a.m. Festival Start
- 11:30 a.m. Stage went live
- 2:00 p.m. Japan Orlando Association beer pavilion completely sold out of beer
- 2:30 p.m. 4 of 9 food vendors sold out of food
- 4:00 p.m. Last call for Beer and 1 hour remaining for vendor sales
- 5:00 p.m. Festival End
- 5:15 p.m. Vendor Load-Out/Strike Begin
- 6:30 p.m. All Festival Vendors off the lawn
- 7:15 p.m. United Site Services and Taylor Rental off the lawn

Issues:

- Complaints of a vendor with generators being next to kids playground
- Beer vendor ran out of beer early on in the event
- Sonia McLeod – No call, no show.

Suggestions:

- Food vendor lines were running into picnic tables, picnic tables should be move closer to the middle of the lawn to create space for lines to form
- Add cones to vendor inspection to help with directing vehicles
- Handicap signs need to be put out the day before the event

Follow-ups:

- Follow up with Chris Alessandri for new safety requirements for vendors

Work Orders:

- Marina Bollard closest to the lake wont lower

Deposit Refund Information

Deposit Amount Paid: \$259.00

Refund Granted: Yes

Household #: 5301

Reservation #: 9631

Justification for refunds not granted:



Event: Orlando Japan Festival **Event Date:** November 7, 2021

Administration Fee:	\$100.00		\$100.00
Festival Lawn	\$1,295.00 per day	1 day rental x \$1,295.00	\$1,295.00
Bass, Boar and Turtle Pavilions	incl w/Festival Lawn		
Rental Items:			
Portalets	\$100.00 -200.00 per unit; environmental & COVID19 fees \$7.75 each	2 ADA (\$135each), 4 Regular (\$100each), and 2 Hand-wash Sinks (\$200each) + Delivery & Cleaning Fees	\$1,182.00
Barricades	\$10.00 each	25 barricades x \$10.00 each	\$250.00
EZ Systems	\$80.00 each	6 EZ-Systems x \$80.00 each (3 Trash, 3 Recycling)	\$480.00
Picnic Tables	\$15.00 each	6 picnic tables x \$15.00 each	\$90.00
Utilities - Water & Power	\$25.00 each	Water \$25.00, Power \$25.00	\$50.00
Taxes:		7.5%	EXEMPT
Staff:			
Parks Staff (11:30am-8:00pm)	\$15.00 per hour	3 Parks Staff x 8 hours x \$15.00 per hour	\$360.00
KPD Event Supervisors (10am-6pm and 1130am-730pm)	\$51.00 per hour	2 Supervisors x 8 hours x \$51.00 per hour	\$816.00
KPD Event Load-in & Security 6:30am-2:30pm	\$47.00 per hour	2 KPD Officers x 8 hours x \$47.00 per hour	\$752.00
KPD Event Security (11:00am-6:00pm)	\$47.00 per hour	6 KPD Officers x 7 hours x \$47.00 per hour	\$1,974.00
KPD Event Strike & Security (2:00pm-7:30pm)	\$47.00 per hour	2 KPD Officers x 5.5 hours x \$47.00 per hour	\$517.00
KPD Lieutenant (11:00am - 7:00pm)	\$51.00 per hour	1 Lieutenant x 8 hours x \$51.00 per hour	\$408.00
Telecommunicator (11:00am - 7:00pm)	\$47.00 per hour	1 Telecommunicator x 7 hours x \$47.00 per hour	\$329.00
KFD Inspector (7:00am-11:00am)	\$30.00 per hour	2 Fire Inspector x 4 hours x \$30.00 per hour	\$240.00
KFD Supervisor (11:00am - 5:00pm)	\$30.00 per hour	Supervisor x 6 hours x \$30.00 per hour	\$180.00
EMT (11:00am-5:00pm)	\$30.00 per hour	4 EMS Staff x 6 hours x \$30.00 per hour	\$720.00
Total Estimate Before Deposits			\$9,743.00
Reservation Deposit (Non Refundable) Required to hold date			\$500.00
Damage Deposit (Refundable)			\$259.00
Total Amount Before Fee Waiver			\$9,502.00
Fee Waiver (Will Add Once Amount is Determined)			\$0.00
Total Due 30 Days Prior to Event			\$9,502.00

FEE WAIVER GRANT RANKING FORM

Organization Name: NCCAA

Event Name: DII WOMEN'S VOLLEYBALL

Event Date: 11/17/21-11/20/21

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$3,000

Previous Year's Fee Waiver Award: N/A

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

National Christian College Athletic Association (NCCAA)

Full Legal Name of Organization

Dan Wood

Name of Chief Officer/President

864-250-1199

Telephone Number

864-275-7217

Mobile Number

Organization Address *

302 West Washington Street

Street Address

Greenville

City

SC

State/Region/Province

29601

Postal / Zip Code

United States

Country

Eligibility/Type *

☒ Non-Profit ☐ Government ☐ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



NCCAA_IRS_Letter.pdf

Event Contact Information

Dan Wood

Name of Event Contact

Executive Director

Title of Event Contact

864-250-1199

Telephone

dwood@thenccaa.org

Email

Event Information

Fee Waiver Grant Program Request

Name of Event *

2021 NCCAA Division II Women's Volleyball Championship

Start Date & Time of Event *

11/17/2021 09:40 AM

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

11/20/2021 09:40 AM

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees *

500

Brief Description of Event *

National Championship for our non-scholarship division of colleges/universities. We will have 8 teams split into two pools of 4 and utilize only one main court. Wednesday would be practice day starting at 9:00 AM and concluding by 6:00 PM. Thursday and Friday will be pool play matches (10:00, 12:00, 2:00, 4:00, 6:00) and Semifinals and Finals will take place Saturday with event concluded by 7:30 PM.

Grant Request Amount *

3000.0

USD

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

11/17/2021 08:00 AM

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

11/20/2021 08:00 PM

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

☐ Yes ☒ No

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event require tents? *

☐ Yes ☒ No

Will your event require vehicle access to the park?

☒ Yes ☐ No

Will your event require road closures? *

☐ Yes ☒ No

Will your event require portable restrooms? *

☐ Yes ☒ No

Will your event require utilities? *

☒ No ☐ Power ☐ Water

Will your event hire outside production companies? *

☐ Yes ☒ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☒ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☐ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

☐ Yes ☒ No

Will your event require a DJ?

☐ Yes ☒ No

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event have performers?

☐ Yes ☒ No

Audio / Visual

Is this an indoor event?

☒ Yes ☐ No

Will your event require the rental of audio equipment?

☒ Yes ☐ No

Will your event require the rental of any additional audio equipment?

☐ Podium ☐ Easels ☐ Projector & Screen
☐ TV/VCR/DVD Player ☒ Microphones ☒ Extension Cords/Power Strips
☐ None

Promotions

Will your event require banners to be hung? *

☒ Yes ☐ No

At what level will your event be promoted? *

☒ Local ☐ Regional ☒ National

Will the media be invited? *

☒ Yes ☐ No

If the media will be invited, what type of media will be expected? *

Primarily, member school Sports Information Directors but we will alert local TV and print media.

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

Since 1983

Fee Waiver Grant Program Request

How long has the sponsoring organization physically been in operation? *

Since 1968

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

Tournament Director
National Sport Chairperson
NCCAA Office Staff Representative
Support staff: PA, Statistician, Athletic Trainer, Volunteer Coordinator
Johnson University is our attached host school and will supply almost all volunteers along with some volunteers from Experience Kissimmee. Most JU volunteers will be from the Game Day operations staff/volunteer pool.

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☒ Yes ☐ No

If yes, please identify the event(s). *

Women's & Men's Soccer Championships have been at Austin Tindall since 1997 and we hosted this volleyball event and our Division I volleyball event in Kissimmee (Civic Center) for 4-5 years from 2012-2017

Has this specific event been previously produced? *

☒ Yes ☐ No

If so, when and where was the event held? *

2020 St. Paul, MN
2018 & 2019 Branson, MO
2012-2017 Kissimmee, FL
Previous events back to 1976 in various states

What is the uniqueness of the proposed event? *

Pool play model differs from most intercollegiate championship models as we desire to give teams more competition and provide local area with more fiscal impact with longer stays.

How does the proposed event support the organization's mission and impact to residents? *

Every NCCAA Regional & National Championship has an attached event (Christian Service Project) that speaks directly to the faith-based mission of the NCCAA. Projects range from hands on service to senior centers, food banks, kids/youth initiatives, schools, etc. but Covid protocols have limited us to more product delivery models (food drives, shoes donation programs, cash gifts to needy).
Our competitive mission of providing quality events in destination locations for our student-athletes & coaches is also well served by being in the Central Florida area.

Fee Waiver Grant Program Request

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☒ Yes ☐ No

If so, please describe the impact:

We will deliver over 300 room nights to local hotels (just team nights and not including parents/fans nights). Average meal per diem for each participant is \$35/day and with 150 participants that equates to approx. \$27,500 in local eatery revenue. Many teams arrive a day early to take in a park (Universal, Disney, SeaWorld) and our host hotel is right beside the Nike outlet and kids are constantly shopping.

Please attach your itemized event budget.



2021_Proposed_WWB_DII_Budget.xlsx

Marketing

How does the proposed event benefit the image or reputation of the City? *

Hosting any National Championship should be viewed as positive for Kissimmee. Additionally, hosting one that has an intentional "give back" component to local charities (via the CSP) should be a unique positive.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Minimal advertisement from NCCAA other than via our website and social media platforms. We will canvas the local area for program sponsorships in August/September. Johnson University will promote via their campus outlets. We will alert local TV and print media 10 days out.

How much money will the sponsoring organization commit towards advertising? *

Mainly sweat equity used by staff who will canvas local merchants. No real cost for online/social media promotions.

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☒ Yes ☐ No

If so, please state the commitment of all other groups: *

CRU is an NCCAA partner and Johnson University is an NCCAA member school

Fee Waiver Grant Program Request

Has the sponsoring organization solicited local vendors to support the event?

☐ Yes ☒ No

Internal Revenue Service
District Director

Department of the Treasury

Date: MAY 19 1983

National Christian College Athletic
Association, Inc.
1815 Union Avenue
Chattanooga, TN 37404

MAY 23 1983

Employer Identification Number:

58-1495626

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(1) & 170(b)(1)(A)(vi)

Advance Ruling Period Ends:

June 30, 1985

Person to Contact:

C. Avery/tt

Contact Telephone Number:

(404) 221 4516

File Folder Number 580018503

Dear Applicant:

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

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509 (a)(1) & 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section * organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section * status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section * organization.

75 Peachtree Street, N.E., Atlanta, GA 30043

(over)

Letter 1045(DO) (6-77)

* 509(a)(1) & 170(b)(1)(A)(vi).



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012664657C-0	06/30/2020	06/30/2025	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

NATIONAL CHRISTIAN COLLEGE ATHLETIC
ASSOCIATION
302 W WASHINGTON ST
GREENVILLE SC 29601-1919

APR 23 2020

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

NCCAA DII WVB Proposed Budget

INCOME

Gate	4,000.00	
Sponsors	5,000.00	
Grants/Waiver	3,000.00	
Hotel royalty	3,000.00	
Experience Kiss.	10,000.00	
Apparel	500.00	(NCCAA receives 10% of sales)
Streaming	3,000.00	(NCCAA receives 50% of sales)
TOTAL	28,500.00	

EXPENSE

Rentals	15,000.00
Officials	7,000.00
Staff Travel	1,000.00
Staff housing	1,500.00
Athletic Training	3,500.00
Banquet	3,500.00
Programs	1,200.00
Hospitality Room	500.00
TOTAL	33,200.00



Event: NCCAA Women's Volleyball Championship **Event Date:** November 17- 20, 2021

Facility Fee:			
Arena Load-In	\$805.00 Move-in day	\$805.00 per day	\$805.00
Arena, uncovered floor	\$1,610.00 per day	\$1,610.00 per day x 3 days	\$4,830.00
Lockerrooms	incl with arena		
Grand Ballroom	\$133.00 per hour	\$133.00 x 9 hours and \$133.00 per hour x 12 hours x 3 days	\$5,985.00
Admission ticket surcharge	\$1.50 per ticket	Pending total ticket sales	TBD
		20% Multiday Discount (Facility Rental Only)	(\$2,163.00)
Rental Items:			
Microphones	\$25.00 each	2 mics x \$25.00 each	\$50.00
Arena Speakers	\$100.00		\$100.00
Oblong Table linen w/skirting	\$8.00 each	24 tables x \$8.00 each	\$192.00
Round Table Linen	\$5.00 each	5 tables x \$5.00 each	\$25.00
CAT 5/Internet	\$50.00 per day	\$50.00 x 4 days	\$200.00
Arena Truss	\$200.00 each		\$200.00
Arena Clock	\$125.00 each		\$125.00
Taxes:			
		7.5%	EXEMPT
Staff:			
Event Coordinator 11/17 (8:00am - 7:00pm)	\$25.00 per hour	1 Coordinator x 10.5 hours x \$25.00 per hour	\$262.50
Opening Coordinator 11/18 - 11/20 (8:00am - 2:30pm)	\$25.00 per hour	1 Coordinator x 6 hours x \$25.00 per hour x 3 days	\$450.00
Closing Coordinator 11/18 - 11/19 (2:00pm - 9:00pm)	\$25.00 per hour	1 Coordinator x 6.5 hours x \$25.00 per hour x 3 days	\$487.50
Facility Technician 11/18 - 11/20 (9:30am - 8:00pm)	\$15.00 per hour	1 Facility Technician x 10 hours x \$15.00 per hour x 3 days	\$450.00
Box Office Staff 11/18 - 11/20 (9:00am -6:00pm)	\$15.00 per hour	3 Box Office Staff x 8.5 hours x \$15.00 per hour x 3 days	\$1,147.50
Net Taker/Access Control 11/18 - 11/20 (9:00am - 6:00pm)	\$15.00 per hour	1 TT/AC x 8.5 hours x \$15.00 per hour x 3 days	\$382.50
Crowd Management 11/18 - 11/20 (9:00am - 9:00pm)	\$15.00 per hour	4 Crowd Mgmt x 11.5 hours each x \$15.00 per hour x 3 days	\$2,070.00
Custodian/Locker Rm Refresh 11/18 - 11/20 (9:00am - 9:00pm)	\$15.00 per hour	2 Custodians x 11.5 hours x \$15.00 per hour x 3 days	\$1,035.00
Tactical Security Bag Check (8:00am - 9:00pm)	\$17.50 per hour	2 Staff x 12.5 hours x \$17.50 x 3 days	\$1,312.50
Post event Decontamination		Arena Floor, Upper Bleachers and Ballrooms	\$520.00
Total Estimate			\$18,466.50
Reservation Deposit (Amount Paid on Balance to Hold Date - Non Refundable)			\$500.00
Damage Deposit (Refundable)			\$2,163.00
Total Balance due Before Fee Waiver			\$20,129.50
Fee Waiver (Will add once Amount is Determined)			\$0.00
Total Due 30 Days Prior to Event			\$20,129.50

FEE WAIVER GRANT RANKING FORM

Organization Name: HISPANIC CHAMBER

Event Name: HISPANIC CHAMBER EXPO

Event Date:

Year of fee waiver award: 1

ORGANIZATION / EXPERIENCE	50 POINTS
Has the sponsoring organization previously produced events in Kissimmee? (20 points)	
Has this specific event been produced previously? (10 points)	
What is the uniqueness of the proposed event? (10 points)	
How does the proposed event support the organization's mission and benefit residents? (10 points)	
EVENT REVENUE / ECONOMIC IMPACT	25 POINTS
Will the proposed event impact local businesses? If so, please describe. (15 points)	
Evaluation of itemized event budget submitted by sponsoring organization. (10 points)	
MARKETING	15 POINTS
How does the proposed event benefit the image/reputation of the City? (5 points)	
Evaluation of the marketing plan, including types of advertisement and a timeline provided? (5 points)	
How much money will the sponsoring organization commit towards advertising? (5 points)	
COLLABORATION	10 POINTS
Is the sponsoring organization collaborating with any other non-profit group? (5 points)	
Has the sponsoring organization solicited local vendors to support the event? (5 points)	
Sub Total Points (Possible Score 100)	
POST EVENT EVALUATION	-5 /0/+5 POINTS
For those sponsoring organizations that have previously received a fee waiver, did the organization meet all commitments and complete a Final Grant Report?	
- Was a final budget submitted? - Was a list of vendors submitted? - Were samples of marketing materials submitted?	
TOTAL POINTS AWARDED	

Percentage of Maximum of Award				
PARAB Score (Points)	Year 1	Year 2	Year 3	Year 4
90-100	100	80	60	40
80-89	90	70	50	30
70-79	80	60	40	20
60-69	70	50	30	10
50-59	60	40	20	
40-49	50	30	10	
30-39	40	20		
20-29	30	10		
10-19	20			
0-9	10			

FEE WAIVER GRANT RANKED BY: _____

Fee Waiver Amount Requested: \$2,000

Previous Year's Fee Waiver Award: N/A

Fee Waiver Grant Program Request

Requesting Organization Information

Organization Information & Contact *

Hispanic Chamber of Commerce of Metro Orlando

Full Legal Name of Organization

Gaby Ortigoni

Name of Chief Officer/President

(407) 428-5870

Telephone Number

(954) 303-7528

Mobile Number

Organization Address *

3201 E Colonial Drive Suite A20

Street Address

Orlando

City

FL

State/Region/Province

32803

Postal / Zip Code

United States

Country

Eligibility/Type *

☒ Non-Profit ☐ Government ☐ Agency or Organization in which the City of Kissimmee is a member

If non-profit, you must attach a copy of your organization's valid IRS tax exempt certificate or IRS affirmation letter..

Please upload you valid IRS Tax Exempt Certificate or an Internal Revenue Service (IRS) Affirmation Letter



HCCMO_501_C_6_IRS_Letter_10_18_2019.pdf

Event Contact Information

Elise Smith

Name of Event Contact

Program & Events Manager

Title of Event Contact

954-303-7528

Telephone

esmith@hispanicchamber.net

Email

Event Information

Fee Waiver Grant Program Request

Name of Event ***Start Date & Time of Event ***

MM/dd/yyyy HH:MM AM/PM

End Date & Time of Event *

MM/dd/yyyy HH:MM AM/PM

Estimated Number of Attendees ***Brief Description of Event ***

The Hispanic Chamber of Commerce of Metro Orlando will be holding their annual expo to the community, with the focus of social responsibility and wellness. During this event, local businesses will be able to participate and showcase their products and services. We will host sessions related to healthy eating, mindfulness and yoga.

Grant Request Amount ***USD**

This is the dollar amount of the services you are requesting to be waived by the Fee Grant Waiver Program. The maximum amount you may request is \$3,000.

Event Setup & Strike

Please enter the date and times you wish to setup as well as the date and times you anticipate breaking down.

Event Setup Date & Time *

MM/dd/yyyy HH:MM AM/PM

Event Strike Date & Time *

MM/dd/yyyy HH:MM AM/PM

Event Logistics

Will your event require outdoor staging? *

☐ Yes ☒ No

Will your event require the rental of the modular stage for Veterans Lawn? *

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event require tents? *

☒ Yes ☐ No

Will your event require vehicle access to the park?

☐ Yes ☒ No

Will your event require road closures? *

☐ Yes ☒ No

Will your event require portable restrooms? *

☐ Yes ☒ No

Will your event require utilities? *

☐ No ☒ Power ☒ Water

Will your event hire outside production companies? *

☐ Yes ☒ No

This includes lighting, staging, audio, decor, film, broadcast, etc.

Will your event require the use of additional space? *

☐ Green/Dressing Room	☐ Locker-Room(s)	☐ Reception Area
☐ Autograph Area	☐ Food Prep Area	☐ Dance Floor
☐ Private Meeting Space	☐ Rehearsal Space	☒ None

Fishing Tournament

Is the event a fishing tournament?

☐ Yes ☒ No

Entertainment

Will your event require alcoholic beverages to be dispenses or sold?

☒ Yes ☐ No

Will your event require a DJ?

☒ Yes ☐ No

Does your entertainer have special requirements and/or technical rider?

☐ Yes ☒ No

Fee Waiver Grant Program Request

Will your event have performers?

☐ Yes ☒ No

Audio / Visual

Is this an indoor event?

☐ Yes ☒ No

Promotions

Will your event require banners to be hung? *

☒ Yes ☐ No

At what level will your event be promoted? *

☒ Local ☒ Regional ☐ National

Will the media be invited? *

☒ Yes ☐ No

If the media will be invited, what type of media will be expected? *

Local news stations or radio stations

Organizational Structure

These are mandatory questions, but they hold no point value during the evaluation process.

How long has the sponsoring organization been incorporated? *

28 years

How long has the sponsoring organization physically been in operation? *

28 years

Fee Waiver Grant Program Request

Please provide an organization chart of the Local Organizing Committee and describe how the sponsoring organization recruit volunteers to facilitate the event? *

We have a dedicated group of community volunteers within our chamber who assist in our larger events such as the Expo

Organization & Experience (50 Points)

Has the sponsoring organization previously produced an event in Kissimmee? *

☒ Yes ☐ No

If yes, please identify the event(s). *

We host a Leads Group in Kissimmee area at a local restaurant, and have held small seminars in the past. We recently held a job fair at one of our local small businesses office.

Has this specific event been previously produced? *

☐ Yes ☒ No

What is the uniqueness of the proposed event? *

This event will be a business expo, showcasing local businesses to the community. We will incorporate the topic of sustainability, health and wellness.

How does the proposed event support the organization's mission and impact to residents? *

A business expo allows the promotion of the Hispanic Chamber's local businesses to the community, and the topic is an added value to attendees

Event Revenue & Economic Impact (25 Points)

Will the proposed event impact local businesses? *

☒ Yes ☐ No

Is so, please describe the impact:

Yes, this event will bring exposure to the small businesses in the City of Kissimmee area and allow them to participate as an exhibitor in the expo

Please attach your itemized event budget.



Expo_2021_Budget.xlsx

Fee Waiver Grant Program Request

Marketing

How does the proposed event benefit the image or reputation of the City? *

Since we are a regional chamber and promote our events in Seminole, Orange and Osceola, the promotion for this event will draw people from throughout CFL to attend and visit Lakefront park. This event will also be a good community event and draw people from the local area to come out and meet with small businesses.

Please identify all forms of advertisement to be used and provide a timeline for all promotion and advertising. *

Promotion will be through social and traditional media outlets and begin 60 days prior

How much money will the sponsoring organization commit towards advertising? *

\$3800

Collaboration

Is the sponsoring organization collaborating with any other non-profit groups?

☐ Yes ☒ No

Has the sponsoring organization solicited local vendors to support the event?

☐ Yes ☒ No



Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0255454314
Oct. 11, 2019 LTR 4168C 0
59-3103840 000000 00

00009177

BODC: TE

HISPANIC CHAMBER OF COMMERCE OF
METRO ORLANDO INC
3201 E COLONIAL DR UNIT A20
ORLANDO FL 32803-5174

Employer ID number: 59-3103840
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Oct. 04, 2019, about your tax-exempt status.

We issued you a determination letter in December 1992, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(06).

Because you're not an organization described in IRC Section 170(c), donors can't deduct contributions they make to you. You should advise your contributors that their contributions to you aren't deductible.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

0255454314
Oct. 11, 2019 LTR 4168C 0
59-3103840 000000 00
00009178

HISPANIC CHAMBER OF COMMERCE OF
METRO ORLANDO INC
3201 E COLONIAL DR UNIT A20
ORLANDO FL 32803-5174

Sincerely yours,



Steve M. Brown, Operations Manager
Operations 3-CIN



IRS Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

004597.192002.151517.7703 1 AB 0.412 530



HISPANIC CHAMBER OF COMMERCE OF
METRO ORLANDO INC
3201 E COLONIAL DR UNIT A20
ORLANDO FL 32803-5174

004597

CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0255454314

BODCD-TE

Use for inquiries only

Letter Number: LTR4168C
Letter Date : 2019-10-11
Tax Period : 000000

INTERNAL REVENUE SERVICE
Cincinnati Service Center
CINCINNATI OH 45999-0038
|||



593103840

HISPANIC CHAMBER OF COMMERCE OF
METRO ORLANDO INC
3201 E COLONIAL DR UNIT A20
ORLANDO FL 32803-5174

593103840 JP HISP 00 2 000000 670 000000000000

The IRS address must appear in the window.

0255454314

BODCD-TE

Use for payments

Letter Number: LTR4168C
Letter Date : 2019-10-11
Tax Period : 000000

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0102
|||



593103840

HISPANIC CHAMBER OF COMMERCE OF
METRO ORLANDO INC
3201 E COLONIAL DR UNIT A20
ORLANDO FL 32803-5174

593103840 JP HISP 00 2 000000 670 000000000000

Meals, Food, Drinks and Venue Rental	2021 Actual	2021 Budget
Food Service		18,000.00
Total		\$ 18,000.00

A/V & Stage	2021 Actual	2021 Budget
Sound & Audio Visual Equiptment		35,000.00
Total		\$ 35,000.00

Supplies, Copying & Printing	2021 Actual	2021 Budget
Event Supplies		3,000.00
Total		\$ 3,000.00

Advertising & Promotion	2021 Actual	2021 Budget
Advertising & Promotion		3,000.00
Website		800.00
Total		\$ 3,800.00

Outside Services	2021 Actual	2021 Budget
Photography		500.00
Total		\$ 500.00

Travel, Lodging & Transportation	2021 Actual	2021 Budget
Parking, Millage & Tools		500.00
Total		\$ 500.00

Other	2021 Actual	2021 Budget
Credit Card Fees & Service Transaction fees		500.00
Insurance		400.00
Video recording and Production		1,500.00
Total		\$ 2,400.00

Total Income		\$ 90,000.00
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Total Expenses		\$ 63,200.00
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Net Income		\$ 26,800.00
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CITY OF
KISSIMMEE
1 8 8 3

Event Name: Boo on Broadway **Event Date:** October 29, 2021

Administrative Fee:				\$100.00
Rental Items:				
Traffic Barricades	.40 - \$1.00 per unit		31 Type II x .40 and 15 Type III x 1.00	\$27.40
Crowd management barricades	\$10.00 each		30 barriers x \$10.00	\$300.00
Portalets	\$100.00 -200.00 per unit; environmental & COVID19 fees \$7.75 each		4 Regular x \$100, 2 ADA x \$135, 2 Sinks x \$200, 8 units x \$7.75, delivery fee \$50	\$1,182.00
EZ systems	\$80.00 each		1 Trash and 1 Recycling x \$80.00	\$160.00
Taxes:			7.5%	EXEMPT
Staff:				
Parks staff (5:00pm - 10:00pm)	\$15.00 per hour		2 Parks staff x 5 hours x \$15.00 per hour	\$150.00
Traffic/Road closing staff (4:00pm - 10:00pm)				
KPD Officers (4:00pm-10:30pm)	\$47.00 per hour		15 Officers x 6.5 hours x \$47.00 per hour	\$4,582.50
KPD Supervisors (4:00pm - 10:30pm)	\$51.00 per hour		2 Supervisors x 6.5 hours x \$51.00 per hour	\$663.00
Lieutenant (4:00pm - 10:30pm)	\$51.00 per hour		1 Lieutenant x 6.5 hours x \$51.00	\$331.50
EMT (6:00pm-10:00pm)	\$30.00 per hour		2 EMT x 4 hours x \$30.00 per hour	\$240.00
Street Sweeper (9:30pm-10:30pm)	\$15.00 per hour		1 Staff x 1 hour x \$15.00 per hour	\$15.00
Total Estimate				\$7,736.40
Reservation Deposit (amount Paid on Balance to Hold Date-Non Refundable)				\$500.00
Damage Deposit (Refundable)				\$333.88
Total Balance Due Before Fee Waiver				\$7,570.28
Fee Waiver (Will Add Once Amount is Determined)				\$0.00
Total Due 30 Days Prior to Event				\$7,570.28

ITEM 5.D

DEPARTMENT LEADERSHIP UPDATES

Item Details

Steve Lackey appointed Parks and Recreation Director effective April 28th.

The Parks and Recreation Assistant Director position is currently posted for applications.

Kaia Greene, Events and Venues Manager has resigned effective June 9th, her position is currently posted for applications.

Attachment(s):

None

ITEM 5.E

UPCOMING EVENTS

Item Details

Juneteenth Celebration - June 19, 2021

Monumental 4th of July - July 4, 2021

Cuban Sandwich Festival - August 21, 2021

Attachment(s):

None