Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 6 Open to Public

2017

and ending SEP 30,

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

2016

OCT 1,

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Form 990 (2016)

В	Check if applicab	C Name of organization		D Employer identif	ication number									
_	Addre	SOLAR & ENERGY LOAN FUND OF												
느	chan	ST LUCIE COUNTY, INC			4.000									
느	chan	e Doing business as		27-3102098										
<u> </u>	returr	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number										
L_	Final return termin		<u></u>		468-1818									
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	466,892.									
<u> </u>	returr	FI PIERCE, FL 34930		H(a) is this a group r										
<u>_</u>	ltion" pend	F Name and address of principal officer. DOOG COWARD	2405	for subordinates	· <u>— — </u>									
		2400 RHODE ISLAND AVE, FORT PIERCE, FL	3495	H(b) Are all subordinates										
			or 5 527	1	list (see instructions)									
		te: WWW.STLUCIECO.GOV/ED/EMPOWER.HTM organization: X Corporation Trust Association Other		H(c) Group exemption										
	art I	Summary	L Year	of formation. ZUIU	M State of legal domicile: FL									
	т	Briefly describe the organization's mission or most significant activities. ENHA	NOR CC	MCIMED ACCE	SS TO CLEAN									
Se	1													
Governance	2	ENERGY TECHNOLOGIES BY PROVIDING ENERGY EXPERTISE, PROVIDING Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.												
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	oseu or more	3 strian 25% of its her a	1 -									
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		3	6									
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	•	5	10									
itie	6	Total number of volunteers (estimate if necessary)		6	0									
흕	I -	Total unrelated business revenue from Part VIII, column (C), line 12	• •	7a	0.									
Š	1	Net unrelated business taxable income from Form 990-T, line 34-			ŏ.									
_	 			Prior Year	Current Year									
	В	Contributions and grants (Part VIII, line 1h) FEB 2 7 2018	ا ابل	85,648.	212,177.									
Ž	9	Program service revenue (Part VIII, line 2g)		57,962.	58,739.									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		169,360.	165,241.									
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,515.	30,735.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		355,485.	466,892.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		354,282.	421,308.									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
ž	Ь	Total fundraising expenses (Part IX, column (D), line 25)	79.											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		297,166.	251,720.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		651,448.	673,028.									
	19	Revenue less expenses. Subtract line 18 from line 12	·	<295,963.	<206,136.>									
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year									
Sset	20	Total assets (Part X, line 16)		4,140,270.	4,079,968.									
at P	21	Total liabilities (Part X, line 26)		3,358,056.	3,503,890.									
	art II	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	782,214.	576,078.									
<u></u>		Signature Block												
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and beliet, it is									
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mich preparer		0-18									
`.	_	Signature of officer		Date	- 10									
Sig		DOUG COWARD, EXECUTIVE DIRECTOR		-4.0										
Hei	re	Type or print name and title												
<u>.</u>		Print/Type preparer's name Preparer's signature	7	Date, Check	PTIN									
Pài	d	J.W. GAINES	-	2/11/18 If self-employed										
,	parer		FRANK	Firm's EIN	20-1277979									
٠,	Only	Firm's address 600 CITRUS AVENUE, SUITE 200		Tam 3 Cm	_ = 4 + = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
	,	FT. PIERCE, FL 34950		Phone no. (7	72)461-6120									
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No									

Pa	<u>rt III</u>	Statement of Program Service A	ccomplishments								
		Check if Schedule O contains a response o	note to any line in this Part III		<u> </u>						
1	Bnef	ly describe the organization's mission:									
•	EN	HANCE CONSUMER ACCESS T	O CLEAN ENERGY TI	CHNOLOGIE	S BY PROVIDI	NG					
	ENERGY EXPERTISE, PROVIDING FAVORABLE FINANCING OPTIONS, STIMULATING										
	ECONOMIC PROSPERITY, SERVING UNDERSERVED AREAS AND FACILITATING										
		JCATIONAL AWARENESS.									
2		he organization undertake any significant pro	gram services during the year whi	ch were not listed o	on the						
_		Form 990 or 990-EZ?				Yes X No					
		es," describe these new services on Schedule									
3		he organization cease conducting, or make s		cts any program s	services?	Yes X No					
J		es," describe these changes on Schedule O	grimouri crianges in now it condu	ots, any program s							
4		ribe the organization's program service acco	mnlishments for each of its three I	argest program ser	word as measured by a	VDADCAC					
7		ion 501(c)(3) and 501(c)(4) organizations are i									
		nue, if any, for each program service reported		ants and anocation	is to others, the total exp	Jenses, and					
			.96. including grants of \$		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	89,474.)					
4a	(Code			THEROUN E) (Revenue \$						
		ERGY LOANS TO INDIVIDUA	LS TO ENHANCE THE	<u>. ENERGI E</u>	FFICIENCY OF	THEIR					
	HOI	MES.									
											
				- 							
											
											
			-								
											
											
											
	<u> </u>	\/-									
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
											
											
											
			_	_	_						
											
40	10.	\/m) (Revenue \$						
4c	(Code) (Expenses \$	including grants of \$) (Hevenue \$,					
											
											
											
											
											
					· · · · · · · · · · · · · · · · · · ·						
4d	Other	r program services (Describe in Schedule O)									
→u		_	of C) (0	,						
	(Expen	ses \$ including gr program service expenses -	567,196.) (Revenue \$							
<u>4e</u>	iotal	program service expenses	JU1,130.		- 	Form 990 (2016)					
						ronn 330 (2016)					

SOLAR & ENERGY LOAN FUND OF ST LUCIE COUNTY, INC

17-3102098

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)?			
•	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
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_	<u> </u>	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,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?]		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
L	Part VI	11a	<u> </u>	
D	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	445		x
^	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	- {	X
ч	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	ł	х
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		<u> </u>
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		<u>X</u>
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	1 {		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	. }	ŀ	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		<u>X</u> _
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		- 1	37
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_18		X
19	complete Schedule G, Part III	10	}	х
	complete destruction of it are in .	19		<u>~</u>

ST LUCIE COUNTY, INC Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
В	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21)	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	[ł	1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	-	(ĺ
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		'	
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1	1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ľ	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):	1 1	ĺ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		$\bar{\mathbf{x}}$
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		- 1	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	- {	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	Ì	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		_=
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	}	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	- 1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form		2016)

01111 000 tr		<u> </u>	<u> </u>	<u> </u>	10	
Part V	Statements	Regarding	Other IRS	Filings ar	nd Tax C	ompliance
	Chapte of Cahada	la O sontoins		note to one	lina in this [7a+ \/

	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
13	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	[ĺ
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			· · ·
	filed for the calendar year ending with or within the year covered by this return 2a 10	}	ĺ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			I
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ı
	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).		-	
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_ }	}	77
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	ł	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	}	}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11	Section 501(c)(12) organizations. Enter.	ļ	i	
а	Gross income from members or shareholders]	Ì	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	}		
	amounts due or received from them.)	ļ	ĺ	
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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	}	}	
	Enter the amount of reserves on hand	+	-+	
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schodulo O	14a		<u>X</u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (2010
		LOHIL	9 3 U (7	4U ID)

Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{x} 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 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 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available. Check all that apply. X Upon request ___ Another's website ∴ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. DUANNE ANDRADE - 772-468-1818 2400 RHODE ISLAND AVENUE, FT PIERCE, FL

632006 11-11-16

Form 990 (2016)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)							(D)	(E)	(F)	
Name and Title	Average	(do		Pos			one	Reportable	Reportable	Estimated	
	hours per	DOX	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week				T	17008	100)	from	from related	other	
	(list any hours for	Hrect.				_		the	organizations (W-2/1099-MISC)	compensation from the	
	related	individual trustee or director	冀	}	l	safe	1	organization (W-2/1099-MISC)	(W-2/1099-WIISC)	organization	
	organizations	Tast Tast	Institutional trustee	Į	, e	E De		(** 2/ 1000 11/100)		and related	
	below	E P	utton	<u></u>	Key employee	sst co	5			organizations	
	line)	ş	in St	Officer	Key	Highest compensated employee	Former				
(1) KYLE ABNEY	3.00										
PRESIDENT		X	L_	X				0.	0.	0.	
(2) THOMAS T COOPER	2.00	1		}	İ	1					
SECRETARY		X		X	<u> </u>	L		0.	0.	0.	
(3) FRAN ROSS	2.00	1				}					
VICE PRESIDENT		X		X				0.	0.	0.	
(4) BRIDGETTE DALEY	2.00	ļ					i				
TREASURER		X		X	L			0.	0.	0.	
(5) CHRIS CRAFT	1.00	1									
MEMBER		X		ز				0.	0.	0.	
(6) SCOTT MCCRACKEN	1.00					ļ		_	_		
MEMBER		X						0.	0.	0.	
(7) YVETTE MURRAY	1.00	_						_ (_		
MEMBER		X	_			_		0.	0.	0.	
(8) DOUG COWARD	40.00										
EXECUTIVE DIRECTOR			_	X		_		93,200.	0.	10,555.	
		-				_					
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632007 11-11-16

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)		,		
	, (A)	(B)	-		•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	оле	Reportable	Reportable		E	stimat	ed
•		hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensati		a	mount	of
		week (list any			Cau	i octo	ii/uus	100)	from	from relate		1	other	
		hours for	or director	Į		ļ	L	ļ	the organization	organizatioi (W-2/1099-Mi			npensa	
		related	6 0 1	農			sated	ļ	(W-2/1099-MISC)	(44-2/1099-1411	SC)	1	rom tr ganıza	
		organizations	trustee	institutional trustee		36	in de		(11 2) 1000 111100)			1 '	id rela	
		below	Individual	틝	i	믵	estco	늘		1		1	anızat	
		line)	를	thst	Officer	Key employee	Highest compensated employee	Former				-		
]	L				Ì				1		
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					- {							,		
		L												
1b	Sub-total							▶	93,200.		0.	1	0,5	55.
С	Total from continuation sheets to Part VI								0.		0.			0.
d		_ 						<u> </u>	93,200.		0.	1	0,5	<u>55.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization													0
											1		Yes	No
3	Did the organization list any former officer,					nplo	yee,	or h	nighest compensated er	nployee on			[
	line 1a? If "Yes," complete Schedule J for s											_3_		<u>X</u>
4	For any individual listed on line 1a, is the su	•							•	he organization			ļ	
	and related organizations greater than \$150											4		<u>X</u>
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	dual for services	•			
	rendered to the organization? If "Yes," com	plete Schedul	<u>J f</u>	or su	ich j	oers	on		 			5		<u> </u>
	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for	ine calendar y	ear e	enair	ng w	ntn c	or wi	<u>תוחות</u>		ear.				
	(A) Name and business	address	NC	NE	,				(B) Description of se	ervices	С	Ompei) nsatior	3
			IAC)TAT				\dashv						<u> </u>
)				
								7						
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						-		7	· · · · · · · · · · · · · · · · · · ·					
										}				
				_										
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	i to	thos	e lis	ted	above) who received me	ore than				
						_				i				
	\$100,000 of compensation from the organiz	ation				0	<u>'</u>							

27-3102098 Form 990 (2016) ST LUCIE COUNTY, INC Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 176,830. e Government grants (contributions) f All other contributions, gifts, grants, and 35,347. similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 212,177. h Total. Add lines 1a-1f Business Code 58,739. 58,739. 2 a APPLICATION FEES 99999 Program Service Revenue f All other program service revenue 58,739 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 165,241. other similar amounts) 165,241 Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6 a Gross rents . .. **b** Less. rental expenses c Rental income or (loss) d Net rental income or (loss) . (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses ... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less' cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 30,735. 11 a OTHER INCOME 30,735. 541610

Total revenue. See instructions. 632009 11-11-16

e Total. Add lines 11a-11d

d All other revenue ...

0.165,241.466,892. Form 990 (2016)

30,735.

89,474

ST LUCIE COUNTY, INC

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 (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 93,200. 78,288. 13,980. 932. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 263,155 221,050. 2,632. Other salaries and wages 39,473. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 33,870. 28,451. 5,080. 339. Other employee benefits 9 Payroll taxes 31,083. 26,110. 4,662. 311. 10 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 9,131 7,670. 1,370 column (A) amount, list line 11g expenses on Sch O.) 2,255. 23. 2,030. 202. Advertising and promotion 12 6,643. 7,908. 1,187. 78. 13 Office expenses Information technology 14 15 Royalties 21,600. 18,144. 3,240. 216. Occupancy 16 8,873. 10,563. 1,584. 106. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 80,527 67,643. 12,079. 805. 20 21 Payments to affiliates 9,788. 1,746. 118. 11,652. 22 Depreciation, depletion, and amortization 3,974 3,338. 596. 40. 23 Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 37,505 26,254. 5,625. 5,626. CONSULTING FEES 28,482 28,482. BAD DEBT 11,871. 11,871. LOAN COSTS 7,507. 751 8,341. 83. d LICENSES & FEES 17,911 15,054. 2,678. 179. e All other expenses 673,028. 567,196. 94,253. Total functional expenses Add lines 1 through 24e 11,579. 25 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)

Form 990 (2016)

	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
	Orleck is conteduce of containing a response of flote to dry line in this Fare x	(A)	Ť	(B)
		Beginning of year	Í	End of year
1	Cash - non-interest-bearing	1,543,570.	1	578,019
2	Savings and temporary cash investments	150,712.	2	1,038,47
3	Pledges and grants receivable, net	1,401.	3	126,35
4	Accounts receivable, net	8,701.	4	22,33
5	Loans and other receivables from current and former officers, directors,			
j	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		Ţ	
Ì	employers and sponsoring organizations of section 501(c)(9) voluntary	Ì]	
Ì	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	2,396,942.	7	2,253,78
8	Inventories for sale or use		8	<u> </u>
9	Prepaid expenses and deferred charges	2,668.	9	4,71
10a				
	basis. Complete Part VI of Schedule D 10a 81,707.		- 1	
,	Less: accumulated depreciation 10b 66,862.	24,812.	10c	14,84
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	8,549.	13	40,20
14	Intangible assets	2,915.	14	1,23
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,140,270.	16	4,079,96
17	Accounts payable and accrued expenses		17	334,601
18	Grants payable		18	
19	Deferred revenue		19	- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,-
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		 -	
12	key employees, highest compensated employees, and disqualified persons.		-	
1	Consider Book Hos Cohe add 1		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	2,815,583
25	Other liabilities (including federal income tax, payables to related third	2,011,5/11		2,013,303
25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Sahadula D	450,026.	25	353,706
26	Schedule D Total liabilities. Add lines 17 through 25		26	3,503,890
20	Organizations that follow SFAS 117 (ASC 958), check here X and	3,330,030.	20	3,303,030
	complete lines 27 through 29, and lines 33 and 34.	!	İ	
27	Harrist standard and an extra	780,813.	27	449,720
28	-		28	126,358
29	Dames and a variation of the control		29	120,330
25	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
	and complete lines 30 through 34.			
20			30	
30	Capital stock or trust principal, or current funds		31	
31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31	
00	netained earnings, endowment, accumulated income, or other funds		32	
32	Total net assets or fund balances	782,214.	33	576,078

	1990 (2016) ST DOCTE COUNTY, THE	2/-310	<u> 4030</u>	Pag	<u> 12</u>
Pa	rt XI Reconciliation of Net Assets		. <u>.</u>		
	Check if Schedule O contains a response or note to any line in this Part XI	·· ·· ··			
1.	Total revenue (must equal Part VIII, column (A), line 12)	1	466	5,8	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2	673	3,0	28.
3	Revenue less expenses. Subtract line 2 from line 1	3	<206		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	782	2,2	14.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	576	<u>5,0'</u>	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	} }	}	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1		
	separate basis, consolidated basis, or both		1 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis		1	1	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1	i	
	consolidated basis, or both.		1 1	j	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	ļ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	1 1	}	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	(016

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Employer identification number Name of the organization SOLAR & ENERGY LOAN FUND OF ST LUCIE COUNTY, INC 27-3102098 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, crtv. and state. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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). 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 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. 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 Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	797,055.	251,472.	017 711	95 649	212,177.	1564062
_	•	191,033.	231,412.	21/,/11.	03,040.	414,111	1304003.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to)					
	the organization without charge	}					
4	Total. Add lines 1 through 3	797,055.	251,472.	217,711.	85,648.	212,177.	1564063.
5	The portion of total contributions	7577055.	232/2/20	22///220	03/0101	212/1//	1304003.
•	by each person (other than a	ĺ		! 			
	governmental unit or publicly						
	supported organization) included	ļ					
	on line 1 that exceeds 2% of the		Į				
	amount shown on line 11,]	ļ				
	column (f)						
_6	Public support. Subtract line 5 from line 4						1564063.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	797,055.	251,472.	217,711.	85,648.	212,177.	1564063.
8	Gross income from interest,						
	dividends, payments received on	}					
	securities loans, rents, royalties		ĺ				
	and income from similar sources	56,945.	86,582.	120,266.	169,360.	165,241.	598,394.
9	Net income from unrelated business						
	activities, whether or not the		[į			
	business is regularly carried on .	<u> </u>					
10	Other income. Do not include gain						
	or loss from the sale of capital	46 065	10 710	444 504	400 455	00 454	265 400
	assets (Explain in Part VI)	16,265.	19,749.	141,534.	100,477.	89,474.	367,499.
	Total support. Add lines 7 through 10	L				1	2529956.
	Gross receipts from related activities,	•			. [12	
13	First five years. If the Form 990 is for	•	tirst, second, tnire	a, tourth, or titth ta	x year as a section	1501(0)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2016 (I			olumn (fl)		14	61.82 %
	Public support percentage from 2015	•	-	01011111 (1))		15	81.13 %
	33 1/3% support test - 2016. If the o		•	. line 13. and line 1			
	stop here. The organization qualifies	-			. , , , , , , , , , , , , , , , , , , ,	,	►X
b	33 1/3% support test - 2015. If the o		•	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	• • • •
	and stop here. The organization quali	_					▶□
17a	10% -facts-and-circumstances test	t - 2016. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explaın ın Par	t VI how the organi	zation
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances test	t - 2015. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ie "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ			-		•	▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ai	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2016

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 (a) 2012 (e) 2016 Calendar year (or fiscal year beginning in) (b) 2013 (c) 2014(d) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 2 Gross receipts from admissions merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received. from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2013 (c) 2014 (a) 2012 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10¢, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 632023 09-21-16 Schedule A (Form 990 or 990-EZ),2016

Schedule A (Form 990 or 990-EZ) 2016 ST LUCIE COUNTY, INC

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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
		l i	
	2		
	8	i	
	<u>3a</u>		
	3b_		
	3c		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	[
	6_		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	104		
١	10b) E3) 4	
3	90 or 99	U-EA) 2	2U 16

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

activities but for the organization's involvement

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

SOLAR & ENERGY LOAN FUND OF

	990-EZ) 2016 ST LUCIE COUNTY, INC on-Functionally Integrated 509(a)(3) Supportin	og Orga		27-3102098 Page 6
	the organization satisfied the Integral Part Test as a qualifyir			Part VI.) See instructions A
	non-functionally integrated supporting organizations must co			· = · · · · · · · · · · · · · · · · · ·
Section A - Adjusted Ne			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capr	tal 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 de	epletion	5		
6 Portion of operating	expenses paid or incurred for production or			
collection of gross i	ncome or for management, conservation, or	1 1		
maintenance of pro	perty held for production of income (see instructions)	6		
7 Other expenses (se	e instructions)	7		
8 Adjusted Net Incor	ne (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum As			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair mark	et value of all non-exempt-use assets (see			
instructions for sho	t tax year or assets held for part of year).			
a Average monthly va	lue of securities	1a		
b Average monthly ca	sh 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	or blockage or other			
factors (explain in d	etail in Part VI)			
2 Acquisition indebte	dness 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-ex	empt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 03	35	6		
7 Recoveries of prior-	year distributions	7		
8 Minimum Asset An	nount (add line 7 to line 6)	8		
Section C - Distributable	Amount			Current Year
1 Adjusted net incom	e for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amo	unt 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	I in prior year	5		
	unt. Subtract line 5 from line 4, unless subject to	T - T		
	ry reduction (see instructions)	6		
	the current year is the organization's first as a non-functional	lly integrat	ed Type III supportina ora	anization (see

Schedule A (Form 990 or 990-EZ) 2016

SOLAR & ENERGY LOAN FUND OF

Sche	dule A (Form 990 or 990-EZ) 2016 ST LUCIE COUN	TY, INC		27-3102098 Page 7
Pai			anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 `	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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 t	he organization is responsiv	е	
	(provide details in Part VI). See instructions			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	•			
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			<u> </u>
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4	Distributions for 2016 from Section D,		-	
	line 7' \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount		<u> </u>	
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			}
	any. Subtract lines 3g and 4a from line 2. For result greater		*	
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		}	
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c			
	Breakdown of line 7			
<u>a</u>	F (0010			
	Excess from 2013			
	Excess from 2014			
d_	Excess from 2015		<u> </u>	L

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

SOLAR & ENERGY LOAN FUND OF

Dart VI	(Form 990 or 990-EZ) 2016				27-3102098 Page 8
Part VI	Part IV, Section A, lines 1, I line 1; Part IV, Section D, li	2, 3b, 3c, 4b, 4c, 5a, 6, 9a nes 2 and 3; Part IV, Sect	a, 9b, 9c, 11a, 11b, and 11c ion E, lines 1c, 2a, 2b, 3a, a	I, line 10, Part II, line 17a or 1 ;; Part IV, Section B, lines 1 a ind 3b; Part V, line 1; Part V, s	nd 2; Part IV, Section C, Section B, line 1e; Part V,
•	Section D, lines 5, 6, and 8 (See instructions)	o, and Part V, Section E, III	ies 2, 5, and 6 Also comple	ete this part for any additiona	и иноппацоп,
					
					
					
			···		· · · · · · · · · · · · · · · · · · ·
					
					
					
				·	
					

SCHEDULE D

Department of the Treasury

internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SOLAR & ENERGY LOAN FUND OF

Employer identification number 27-3102098

Schedule D (Form 990) 2016

ST LUCIE COUNTY, INC 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

632051 08-29-16

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

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

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

e 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land b Buildings . . 2,293. 2,293. Leasehold improvements 27,852. 22,507. d Equipment 51,562. 42,062. 9.500. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) 14,845.

Schedule D (Form 990) 2016

3b

(ii) related organizations

Schedule D) (Form	990)	2016
OCHEGUIC L	v (a Oritic	2201	2010

ST	THICTE	COUNTY .	TNC

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11h See Form 990 Par	t Y line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value			d-of-year market value
	al denvatives	 	 		
	-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"				
	(a) Description of investment	(b) Book value	(c) Method of valua	ition Cost or en	d-of-year market value
(1)		<u> </u>	<u> </u>		
(2)					
(3)			 		
(4)			 		
(5)			 		
(6)					
(7)			· · · · · · · · · · · · · · · · · · ·		
(8)		L	 		
(9)	15 000 D 4V 1 (D) 1 - 40 \ \		<u> </u>		
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			 	
raitix	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d Soc Form 000 Bar	t V line 15	
		Description	rid Seeroini 990, Par	LA, line 15	(b) Book value
(4)					(b) Book value
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)				-	
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		0, Part X, line 25	<u>. </u>
1	(a) Description of liability		(b) Book value		
(1) Fed	eral income taxes				
(2) <u>L</u> I	NE OF CREDIT		268,926.		
(3) DE	POSITS PAYABLE		84,780.		
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)					
(5)					
(5) (6)					
(5) (6) (7)			353,706.		

Schedule D (Form 990) 2016

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

1 T	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. otal revenue, gains, and other support per audited financial statements				1	466,892
	mounts included on line 1 but not on Form 990, Part VIII, line 12.	•		•		200,032
	et unrealized gains (losses) on investments	2a			1	
	onated services and use of facilities	2b				
	ecovenes of pnor year grants					
	ther (Describe in Part XIII.)	2d				
	dd lines 2a through 2d				2e	0
3 S	ubtract line 2e from line 1				3	466,892
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:					
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a				
b 0	ther (Describe in Part XIII.)	4b				
сА	dd Ines 4a and 4b				4c	0
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	466,892
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses per	Retur	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1 Te	otal expenses and losses per audited financial statements				1	673,028
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25:		1	į	į	-
a D	onated services and use of facilities	2a			İ	
b P	nor year adjustments	2b				
c O	ther losses	2c				
d O	ther (Describe in Part XIII.)	2d				
e A	dd lines 2a through 2d 🛒				2e	0
3 S	ubtract line 2e from line 1				3	673,028
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:		Ī		į	
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	ł	1	1	
		a	<u> </u>			
ЬΟ	ther (Describe in Part XIII.)	4b				
	ther (Describe in Part XIII.)				4c	0
c A 5 To	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b			4c 5	0 673,028
c A 5 To Part	dd lines 4a and 4b	4b		Part V, line 4	5	673,028
c A 5 To Part Provide	dd lines 4a and 4b otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) KIII Supplemental Information.	4b	 1b and 2b;	Part V, line 4	5	673,028
c A 5 To Part Provide	odd lines 4a and 4b otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) KIII Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	4b	 1b and 2b;	Part V, line 4	5	673,028
c A 5 To Part rovide	odd lines 4a and 4b otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) KIII Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	4b	 1b and 2b;	Part V, line 4	5	673,028
c A 5 To Part I rovide nes 2d	odd lines 4a and 4b otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) KIII Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	4b	 1b and 2b;	Part V, line 4	5	673,028
c A 5 To Part I rovide nes 2d	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	4b	 1b and 2b;	Part V, line 4	5	673,028
c A 5 To Part rovide nes 2d	Add lines 4a and 4b	4b V, lines	 1b and 2b;		5	673,028
c A 5 To Part rovide nes 2d	Add lines 4a and 4b	4b V, lines	1b and 2b; iformation.		5	673,028
c A 5 To Part rovide nes 2d Part	Add lines 4a and 4b	4b V, lines ional in	1b and 2b; iformation.	AINTY :	5; Part X,	673,028 line 2; Part XI,
c A 5 Ti Part rovide nes 2d Part	ortal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) KIII Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit X, Line 2: ORGANIZATION ADOPTED THE NEW ACCOUNTING F ANCE. THE ORGANIZATION DOES NOT HAVE ANY	4b V, lines ional in	uncert	AINTY :	5; Part X,	673,028 line 2; Part XI, NCOME TAX OPEN FOR
c A 5 Ti Part rovide nes 2d Part	oral expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) KIII Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit X, Line 2: ORGANIZATION ADOPTED THE NEW ACCOUNTING F	4b V, lines ional in	uncert	AINTY :	5; Part X,	673,028 line 2; Part XI, NCOME TAX OPEN FOR
c A 5 T. Part rovide nes 2d Part	ortal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) KIII Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit X, Line 2: ORGANIZATION ADOPTED THE NEW ACCOUNTING F ANCE. THE ORGANIZATION DOES NOT HAVE ANY	4b V, lines ional in	uncert	AINTY :	5; Part X,	673,028 line 2; Part XI, NCOME TAX OPEN FOR
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SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

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Open to Public Inspection

OMB No 1545-0047

internal Revenue Service Name of the organization

SOLAR & ENERGY LOAN FUND OF ST LUCIE COUNTY, INC

Employer identification number <u>27-3102098</u>

Form 990, Part I, Line 1, Description of Organization Mission:
FAVORABLE FINANCING OPTIONS, STIMULATING ECONOMIC PROSPERITY, SERVING
UNDERSERVED AREAS AND FACILITATING EDUCATIONAL AWARENESS.
Form 990, Part VI, Section B, line 11b:
THE RETURN IS PROVIDED TO THE BOARD FOR REVIEW BEFORE FILING.
Form 990, Part VI, Section B, Line 15:
BOARD OF DIRECTORS APPROVE COMPENSATION. PART OF MEETING MINUTES.
Form 990, Part VI, Section C, Line 19:
AVAILABLE UPON REQUEST