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2949320200817 Return of Organization Exempt From Income Tax

2016

Department of the Treasury

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.

→ 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.

Open to Public Inspection

A .		2016 calond	lar year, or tax year beginning 10-01 , 2016, and er	ndina	00 00 2017
				lang	09-30 ,2017
		applicable	C Name of organization JACKSONVILLE DIST COUNCIL SOC OF ST		D Employer identification no
님 '	Address	change	Doing business as VINCENT DE PAUL INC GROUP RETURN Number and street (or PO box if mail is not delivered to street address)	η	35-2596006
H.	vame ch	ange	E Telephone number		
닏'	nitial ret	urn	3512 BEACH BLVD	<u>. </u>	(904) 396-7473
Ц	inal ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		1,004,038
\sqcup '	Amende	d return	JACKSONVILLE, FL 32207		G Stratement #128
	Applicati	on pending	F Name and address of principal officer BARTHOLOMEW OLEARY	H(a) Is this a group r	eturn for subordinates? X Yes No
			SAME AS C ABOVE	H(b) Are all subor	dinates included? 🔲 Yes 🔀 No
1	Tax-exer	npt status 🛚 🗓	501(c)(3)	If "No," a	ttach a list (see instructions)
J	Vebsite	► N/A	V.,	H(c) Group exen	nption number 5927
K I	Form of	organization X	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	M State	of legal domicile FL
	rt I	Summai			
L.—_	1	Briefly descr	be the organization's mission or most significant activities PERSON TO PERSON	N SERVICE TO	THE POOR
		•	HOME AND OFFICE VISITS ASSISTING PEOPLE WITH SHELTER, U		
Activities & Governance			RE, AND MEDICAL AND DENTAL ASSISTANCE.	TIBLITUO, E	COD, CHOTHING,
па		FURNITUR	C, AND MEDICAL AND DENIAL ASSISTANCE.		·
Υe	1	Charle thin h	Duf the arganization discontinued to energians as disposed of more than 259/ o	f its pot appets	
် ဗိ	2		oox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	1	n (
<u> </u>	3		voting members of the governing body (Part VI, line 1a)		3 7
ies	4		ndependent voting members of the governing body (Part VI, line 1b)		4 7
ξ	5		er of individuals employed in calendar year 2016 (Part V, line 2a)		5 4
\ct	6		er of volunteers (estimate if necessary)		6 239
_	78	Total unrelat	ted business revenue from Part VIII, column (C), line 12		7a 0
	t	Net unrelate	d business taxable income from Form 990-T, line 34		7b 0
				Prior Year	Current Year
	8	Contribution	s and grants (Part VIII, line 1h) · · · · · · · · · · · · · · · · · · ·		634,476
e	9	Program se	is and grants (Part VIII, line 1h) rvice revenue (Part VIII, line 2g) rviceme (Part VIII, column (A) lines 3, 4 and 7d)		0
Jen Jen	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		236
Revenue	11	Other reven	use (Part VIII) column (A) lines 5 6d 8c 9c 10c and 11e) 5 0. 2018 kbl		355,011
_	12	Total revenu	يا بستايت		989,723
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3) d to or for members (Part IX, column (A), line 4) per compensation, employee benefits (Part IX, column (A) lines 5-10)		734,013
	14		d to or for members (Part IX, column (A), line 4)OGDEN		,34,613
	15		ner compensation, employee benefits (Part IX, column (A), Ilines 5-10)		33.040
es	15		ter compensation, employee benefits (Fart IX, Columnia, I), inica a roy		33,040
Expenses	10		If fundraising fees (Part IX, column (A), line 11e)		0
Š			ising expenses (Part IX, column (D), line 25)		
Ú	J _		nses (Part IX, column (A), lines 11a-11d, 11f-24e)		168,508
	18	-	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		935,561
	19	Revenue les	ss expenses Subtract line 18 from line 12		54,162
5	Çes		Ļ	Beginning of Current	Year End of Year
Net Assets or	튭 20	Total assets	(Part X, line 16)	682	,007 887,553
ASS	e 21	Total liabiliti	es (Part X, line 26)		151,384
ž	들 22	Net assets	or fund balances. Subtract line 21 from line 20 _ · · · · · · · · · · · · · · · · · ·	682	,007 736,169
Pa	art II	Signati	ure Block		
			oclare that I have examined this return, including accompanying schedules and statements, and to the best of my ki	nowledge and belief, it is	9
true	, сопес	I, and complete De	eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
			Darin D Otean		7-2-18
Sig	jn 💮	Signati	ure of officer		Date
He	re	PAR	THOLOMEW OLEARY, PRESIDENT		
			r print name and title		
				Ta:	1
De	id		reparer's reame	Check	f PTIN
Pa			d L Waler III CPA Colonia 97 06-29-2018	se!f-employe	d P01074807
	epare			Firm's EIN	
US	e On	Firm's addre		Phone no	
			SAINT AUGUSTINE FL 32085-4497] 90	04-824-5412
				· · · · · · · · ·	· · · · · 🔀 Yes 📙 No
For	Pape	rwork Reduct	ion Act Notice, see the separate instructions.		Form 990 (2016)

Form 990 (2016)

	1990 (2016) JACKSONVILLE DIST COUNCIL SOC OF ST 35-2596006	Page
ı	rt III Statement of Program Service Accomplishments	_
_	Check if Schedule O contains a response or note to any line in this Part III	· · · · <u> </u>
	Briefly describe the organization's mission	
	PERSON TO PERSON SERVICE TO THE POOR. CONDUCT HOME AND OFFICE VISITS ASSISTING PEOPLE W	ITH
	SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICAL AND DENTAL ASSISTANCE.	
_		
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No No
	If "Yes," describe these new services on Schedule O	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes	X No
	If "Yes," describe these changes on Schedule O	
	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	
_		
	(Code) (Expenses \$876,915 including grants of \$734,013) (Revenue \$	
	CONDUCTED PERSON TO PERSON VISITS ASSISTING 49,946 PEOPLE WITH DIRECT AND INDIRECT CASH	
	PAYMENTS FOR SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICINE. THIS IS POSSIB	LE
	THROUGH DONATIONS FROM THE GENERAL PUBLIC AS WELL AS PROFITS FROM THRIFT STORES RUN BY T	HE
	SOCIETY. THE THRIFT STORES RECEIVE IN KIND DONATIONS FROM THE GENERAL PUBLIC AND EITHER	SELL
	THESE ITEMS TO THE GENERAL PUBLIC OR DISTRIBUTE THESE ITEMS AT NO CHARGE TO NEEDY INDIVI	DUALS
	AND FAMILIES IN THE NORTHEAST FL AREA.	
-	(Code) (Evenes \$ including grants of \$) (Pevenue \$	
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
_	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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	(Code) (Expenses \$	
	(Code) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O)	
	(Code) (Expenses \$	

O16) JACKSONVILLE DIST COUNCIL SOC OF ST Checklist of Required Schedules Part IV

	,		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	Χ	
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		<u>X</u>
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		<u> X</u>
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		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			_X
	endowments, permanent 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, Part VI	11a	Х	
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		Х
С	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		Χ
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
е		11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		i	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
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
Ь	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		v
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		Х
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		Х
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		Х
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		Х
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	Х	
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

Part IV Checklist of Required Schedules (continued) Yes Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Qid the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 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 24a Х through 24d and complete Schedule K If "No," go to line 25a 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Χ 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? 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note, All Form 990 filers are required to complete Schedule O.

Part V

16) JACKSONVILLE DIST COUNCIL SOC OF ST

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • •	· · ·	ட
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	_X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		١
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
E	(FBAR)	E		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		-^-
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
oa	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
-	gifts were not tax deductible?	6b		İ
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		Х
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 to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12	{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	l		
11	Soction 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
40-	· · · · · · · · · · · · · · · · · · ·	120	l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	$\vdash \vdash$	\vdash
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	\vdash
а	Note. See the instructions for additional information the organization must report on Schedule O	134		\vdash
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			
С	Enter the amount of reserves on hand	İ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 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? 3 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 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 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 Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 8a Χ Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Did the organization have local chapters, branches, or affiliates? 10a 10a 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990 b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Χ 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? The organization's CEO, Executive Director, or top management official 15a а Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Florida Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request 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 19 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: BARTHOLOMEW OLEARY (904) 396-7473, 3512 BEACH BLVD, JACKSONVILLE, FL 32207

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			,
Form 990 (20	16) JACKSONVILLE DIST COUNCIL SOC OF ST	35-2596006	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co.	npensated Employe	es, and
•	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🔲
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or witax year.	thin the	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of Enter -0- in columns (D), (E), and (F) if no compensation was paid	of amount of	
 List all 	of the organization's current key employees, if any. See instructions for definition of "key employee."		
	organization's five current highest compensated employees (other than an officer, director, trustee, or key reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from W-2 and/or Box 7 of Form W-		

- organization and any related organizations
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any relate	d organization	comp	ensa	ted	any	сиптел	t off	icer, director, or tru	stee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m	son is	na both as both employee employee		(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
(1) BARTHOLOMEW OLEARY PRESIDENT				x				0	0	0
(2) LINDA KUEPPER SANTA MARIA CONFERENCE PRESIDENT	15.00			Х				0		0
(3) RON COLMAN ST JOHN EV CONF PRESIDENT	15.00			Х			_			0
(4) BUD SURRATT ST JOHN CONF PRESIDENT	15.00			Х				C		0
(5) ROBERT FOLEY ST DENIS CONF PRESIDENT	15.00			X					0	0
(6) ROLAND D LALIBERTE SAN JUAN CONF PRESIDENT	15.00			X					0	0
(7) CANDYCE P BREIDERT ST PAUL CONF PRESIDENT	15.00			Х					0	0
<u>(8)</u>										
(9)	-						i			
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title	(B) Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f ong an	pensation rom the panization d related anizations
5)											
6)											
7)											
8)				_							
9)											
0)											
1)					Î						
2)											
3)											
4)											
5)											
1b Sub-total	n A · ·						•		0		
Total number of individuals (including but not limited reportable compensation from the organization								<u> </u>	0	<u> </u>	
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J		-	oloye	e, o	-			ensated		3	Yes
For any individual listed on line 1a, is the sum of rep organization and related organizations greater than individual	ortable comp \$150,000? If	ensatı "Yes,"	con	nplet	ther e So	comp	ensa le J f	ation from the for such		4	
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or	ompensation	from a	ny u	nrela	ated	organ	izati		<u> </u>	5	
ection B. Independent Contractors 1 Complete this table for your five highest compensate	ed independe	nt con	tract	lors	hat	receiv	ed n	nore than \$100,00	0 of		
compensation from the organization. Report comper year											
(A) Name and business address		_						(B) Description of			(C) pensation
								 			

Part VIII Statement of Revenue

	•	Check if Schedule O contains a response or no	te to any line in this	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		Fodorskyl community			revenue	 	512-514
Grants	1a	Federated campaigns 1a Membership dues 1b					
G E	b						
Ţş.	C	Fundraising events 1c Related organizations 1d					
2 8	d		5,000				
Contributions, Gifts, and Other Similar A							-
ont.	ı	All other contributions, gifts, grants, and similar amounts not included above	620 476	1			
<u> </u>	_	Noncash contributions included in lines 1a-1f \$	629,476				
S E	y h	Total. Add lines 1a-1f	353,450	624 476			
	"	Total. Add lines fa-11	Business Code	634,476			
e	2a		Business Code				
. Aeu	ь					+	
ě,	c					 	
Ž	4			•			+
Š	ء ا						
Program Service Revenue	f	All other program service revenue · · · · · ·					
a o		Total. Add lines 2a-2f · · · · · · · · · · · ·					
		Investment income (including dividends, interest,					
	3	and other similar amounts)		236			236
	4	Income from investment of tax-exempt bond proce					
		Royalties					
		(ı) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses · · · ·					
		Rental income or (loss) · · ·					
	d	Net rental income or (loss) · · · · · · · · ·					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	'-	assets other than inventory					
	b	Less cost or other basis					
	1	and sales expenses · · · ·					
	C	Gain or (loss)					
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	· · · · · · • •				
ine	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
æ		of contributions reported on line 1c)					
ř		See Part IV, line 18 · · · · · · · · a	109,022				
ŏ	1	Less direct expenses b	13,515				
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		95,507			95,507
	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · a					
	1	Less: direct expenses b	L				
	C	Net income or (loss) from gaming activities · ·			. ,		ļ <u></u> .
	10a	Gross sales of inventory, less				1	
		returns and allowances a	260,304	1			
		Less cost of goods sold b	800	1	:		
	c	Net income or (loss) from sales of inventory	1	259,504		1	259,504
	-	Miscellaneous Revenue	Business Code				
	11a						
	þ					 	
	C	All all and an arrangement of the second of t				 	
		All other revenue		-		 	
		Total. Add lines 11a-11d					0 055 055
	12	Total revenue. See instructions	· · · · · · · · · · · ·	989,723		0	0 355,247

Form 990 (2016) JACKSONVILLE DIST COUNCIL SOC OF ST Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to a				
	ot include amounts reported on lines 6b, 7b, b, 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			gonoral expenses	CAPOTISCO
	and domestic governments See Part IV, line 21		ŀ	j	
2	Grants and other assistance to domestic	7.7	11-20-71		
	individuals See Part IV, line 22	734,013	734,013		
3	Grants and other assistance to foreign	2.2.2.7.3.2.2			
	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,			7,827.1	
	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	31,902	31,902		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	1,138	1,138		
11	Fees for services (non-employees)				
а	Management				
b	Legal·····				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion	2,988		2,988	
13	Office expenses	40,548		40,548	
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	60,218	48,174	12,044	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				 .
20	Interest	3,530	3,530	-	
21	Payments to affiliates	5,000	5,000		
22 23	Depreciation, depletion, and amortization	12,932	12,036	896	
24	Other expenses. Itemize expenses not covered	7,065	5,654	1,411	
24	above (List miscellaneous expenses in line 24e. If			i	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
	· · ·	2 205	2 205		
a b	TRUCK EXPENSE	2,285	2,285		
C	SUPPLIES CALES TAY DAID	8,683	8,683		
d	SALES TAX PAID STORAGE	18,000	18,000		
u e	All other expenses	6,500	6,500	750	
25	Total functional expenses. Add lines 1 through 24e .	759	076 015	759	
26	Joint costs. Complete this line only if the	935,561	876,915	58,646	0
	organization reported in column (B) joint costs		1		
	from a combined educational campaign and		ļ		
	fundraising solicitation. Check here ↓ if				

Part X ` Balance Sheet

·		Check if Schedule O contains a response or note to any line in this Part X	• • • • • • • • • • • • • • • • • • • •	• • • •	
	•		(A)		(B)
			Beginning of year		End of year
	. 1	Cash - non-interest-bearing	85,506	1	55,613
	2	Savings and temporary cash investments	<u>575,653</u>	2	479,906
ļ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	- <u></u>
ļ	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		li	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
"	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 364,966]	
	b	Less accumulated depreciation 10b 12,932	20,848	10c	352,034
	11	Investments - publicly traded securities		11	<u> </u>
	12	Investments - other secunities See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	12	
	13	Investments - program-related See Part IV, line 11		13	·_ · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	682,007	16	887,553
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ig		disqualified persons Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	151 204
	24	Unsecured notes and loans payable to unrelated third parties		24	151,384
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24) Complete Part X		1 1	
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25		26	151 204
	20	Organizations that follow SFAS 117 (ASC 958), check here	0	20	151,384
Ø		complete lines 27 through 29, and lines 33 and 34.			
a E	27	Unrestricted net assets	600 000	27	200.00
ala	27		682,007		736,169
Ö	28	Temporarily restricted net assets		28	
ŭ	29	Permanently restricted net assets		29	
ا <u>ل</u> پ	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
8		complete lines 30 through 34.		_	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	682,007	33	736,169
	34	Total liabilities and net assets/fund balances	682,007	34	887,553
EEA					Form 990 (2016)

		<u>5-259</u>	6006		_ Pa	age 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	89,7	123
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	35,5	561
3	Revenue less expenses Subtract line 2 from line 1	_3			54,1	162
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	82,0)07
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses					
8	Pnor penod 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	_	_ 7	36,1	169
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>	· · ·		<u>. 🗓</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 📗 Accrual 📗 Other	_	}]		1
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in			-		1
	Schedule O		- (Ì	ľ	1
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			ì		1
	reviewed on a separate basis, consolidated basis, or both			i		1
	Separate basis Consolidated basis Both consolidated and separate basis		1	i	l	1
b	Were the organization's financial statements audited by an independent accountant?		· · _	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					ĺ
	separate basis, consolidated basis, or both		ĺ		ĺ	
	Separate basis Consolidated basis Both consolidated and separate basis		1	1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Ì	- }		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		•••	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				ĺ	
	Schedule 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 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		Ì	- 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		l

Form **990** (2016)

EEA

SCHEDULE A

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.

2016

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

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

TAC	KSO	NVILLE DIST COUNCIL SOC O	or ዓጥ				35-25960	06	
Pa	1	Reason for Public Charity	Status (All or	ganizations must co	omplete	this par			
		nization is not a private foundation beca				· · · · ·			_
1	o.ga.	A church, convention of churches, or a	•			(A)(i)			
2	H	A school described in section 170(b)(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			d'in
3	Ħ	A hospital or a cooperative hospital se				ii)			t
	H	•	•			•	(A)(:::) Enter the		
4	Ш	A medical research organization opera	ited in conjunction	with a nospital described	III Section	1 1/0(0)(1)	(A)(III). Enter the		
_	П	hospital's name, city, and state	54 - f 11						
5	Ш	An organization operated for the benef		liversity owned or operate	ed by a go	vernmenta	i unit described in		
_	$\overline{}$	section 170(b)(1)(A)(iv). (Complete P							
6	님	A federal, state, or local government o	-						
7	X	An organization that normally receives			rnmental i	init or from	the general public		
	_	described in section 170(b)(1)(A)(vi).							
8	닏	A community trust described in sectio							
9	Ц	An agricultural research organization of			_)	
		or university or a non-land-grant colleg	e of agnculture (se	e instructions) Enter the	name, city	, and state	of the college or		
	_	university							
10		An organization that normally receives		· ·			-	;	
		receipts from activities related to its ex	empt functions - su	ubject to certain exception	ns, and (2)	no more t	han 33 1/3% of its		
		support from gross investment income	and unrelated bus	siness taxable income (le:	ss section	511 tax) fro	om businesses		
		acquired by the organization after June	e 30, 1975 See se	ction 509(a)(2). (Comple	te Part III)			
11		An organization organized and operate	ed exclusively to te	st for public safety See s	ection 50	9(a)(4).			
12		An organization organized and operate	ed exclusively for th	ne benefit of, to perform th	ne function	s of, or to	carry out the purpose	s	
		of one or more publicly supported orga	anizations describe	d in section 509(a)(1) or	section 5	09(a)(2) S	See section 509(a)(3)).	
		Check the box in lines 12a through 12a	d that describes the	e type of supporting organ	nization an	d complete	e lines 12e, 12f, and 1	12g	
	а	Type I. A supporting organization	operated, supervis	ed, or controlled by its su	pported or	ganization	(s), typically by giving		
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ectors or tr	ustees of the		
		supporting organization You mus	t complete Part I	V, Sections A and B.					
	b	Type II. A supporting organization	supervised or con	trolled in connection with	its suppor	ted organiz	zation(s), by having		
		control or management of the sup	porting organization	n vested in the same per	sons that c	ontrol or n	nanage the supported		
		organization(s) You must compl							
	С	Type III functionally integrated.			ection with	, and funct	onally integrated with	١.	
		its supported organization(s) (see							
	d	Type III non-functionally integra						(s)	
		that is not functionally integrated		= :			=		
		requirement (see instructions) You		•					
	е	Check this box if the organization	=				Type II. Type III		
	•	functionally integrated, or Type III				, , , , .), - ··· · · · · · · · · · · · · · · · ·		
	f	Enter the number of supported organiz							
	g	Provide the following information about							
		Name of supported organization	(II) EIN	(III) Type of organization	(iv) is the o	roanization	(v) Amount of monotary	(vi) Amou	int of
	,	y remo or supported organization	(, =	(described on lines 1-10	listed in you		support (see	other supp	
				above (see instructions))	docum	ent?	instructions)	instructi	ions)
					Yes	No	1		
_					1,55	111			-
(A)					ŀ				
		-							
(B)					ļ				
_		-				ì			
(C)									
			-				ĺ		
(D)									
_						<u> </u>			
(E)		j							
T-4	-1				1		1		

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

Sec	tion A. Public Support						
Caler	dar 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") · · · · ·	721,999	783,178	689,543	864,980	634,476	3,694,176
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 · · · · · ·	721,999	783,178	689,543	864,980	634,476	3,694,176
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·						3,694,176
	tion 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 · · · · · · · · ·	721,999	783,178	689,543	864,980	634,476	3,694,176
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			56	1,196	236	1,488
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					95,507	95,507
11	Total support. Add lines 7 through 10 ·						3,791,171
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13 Se	First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Su	· · · · · · · ·	· · · · · · · · · · · ·				▶□
14	Public support percentage for 2016 (line 6, o			•			97.44 %
15	Public support percentage from 2015 Scheo	lule A, Part II, line 1	4			15	%
16a	33 1/3% support test - 2016. If the organization	ation did not check	the box on line 13,		·		_
	box and stop here. The organization qualifier		. •			<i></i>	▶ 🏻
þ	33 1/3% support test - 2015. If the organization						_
	this box and stop here. The organization qu	ualifies as a publicly	supported organiz	ation		<i></i>	▶ 📗
17a	10%-facts-and-circumstances test - 2016	_					
	10% or more, and if the organization meets	the "facts-and-circu	ımstances" test, ch	eck this box and st	top here. Explain in	1	
	Part VI how the organization meets the "factorganization		_				▶ □
b	10%-facts-and-circumstances test - 2015	. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line	9	_
	15 is 10% or more, and if the organization in	neets the "facts-and	l-circumstances" te	st, check this box a	and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-cir	cumstances" test	The organization qu	ualifies as a publich	/	
	supported organization						▶ 📋
18	Private foundation. If the organization did						_
_	instructions	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · · · · · ·	<u>··· ▶ ∐</u>

35-2596006

JACKSONVILLE DIST COUNCIL SOC OF ST Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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)

Sec	ction A. Public Support						المحار
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")					,	
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					1	
3	Gross receipts from activities that are not an unrelated trade or business under section 513					/	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	The value of services or facilities furnished by a governmental unit to the organization without charge				,/		
6	Total Add lines 1 through 5 · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				<i>'</i>		
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						
С	Add lines 7a and 7b · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from						_
<u></u>	line 6)		·				
	ction B. Total Support	(-) 2040	/ / 2042 / ·	1 20014	4 11 2045		
Cale 9	endar year (or fiscal year beginning in) Amounts from line 6 · · · · · · · · · · · · · · · · · ·	(a) 2012	(b) 2013 🎢	(c) 2014	(d) 2015	(e) 2016	(f) Total
	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	/	,				
С	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on · · ·		,		7		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	JI					
13	Total support. (Add lines 9, 10c, 11, // and 12)		E	I		L	
14	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u> </u>	•	, , , ,		▶ 🗍
Se	ction C. Computation of Public Su						
15 16	Public support percentage for 2016 (line 8, con Public support percentage from 2015 Scheduling)	ule A, Part III, line 1	5)		15	<u>%</u>
Se	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line				• • • • • • • •	17	%
18	Investment income percentage from 2015 Sc	chedule A, Part III, I	ine 17 · · · ·		• • • • • • • • • • • •	18	%
	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization quali	fies as a publicly su	upported organizati	on	▶ 🔲
20	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this Private foundation. If the organization did n	box and stop here.	The organization of	qualifies as a public	ty supported organ		• []

	1990 or 990-EZ) 2016 JACKSONVILLE DIST COUNCIL SOC OF ST	35-2596006	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Pa	art II, line 17a or 1	7b, Part
•	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, an		
	B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section B, lines 4 and 3 by Rept V lines 4. Rept V Continue B, lines 5. Continue B, lines 5. Continue B, lines 5. Continue B, lines 6. Continue B, lin		
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and		ction E,
	lines 2, 5, and 6. Also complete this part for any additional information (See instruction)	ons.)	
01. Ot	ner income (Part II, line 10 or Part III, line 12)		
2016 NET	INCOME FROM FUNDRAISING ACTIVITIES \$95,507		
<u> ZUZU NZZ</u>			
			
			
		<u> </u>	
		<u>. </u>	
		······································	. -

SCHEDULE D (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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public

		D (FOITH 990) and its instructions is at www.iis.	
	f the organization KSONVILLE DIST COUNCIL SOC	OF ST	Employer identification number 35-2596006
Par		sed Funds or Other Similar Funds or Ac	
1 ai	Complete if the organization answered "Y		counts.
	Complete ii the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Durini advised funds	(b) Pullus and other accounts
2	Aggregate value of contributions to (duning 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 adviso	ers in writing that the assets held in donor advised	
	funds are the organization's property, subject to the org		····· Yes No
6	Did the organization inform all grantees, donors, and do		ed
	only for chantable purposes and not for the benefit of th		
Pa	t 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 orga	anization (check all that apply)	
	Preservation of land for public use (e.g., recreation	or education) Preservation of a histori	ically important land area
	Protection of natural habitat	Preservation of a certific	ed histonic 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
а	Total number of conservation easements		· · · 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histo	ric structure included in (a)	2c
ď	Number of conservation easements included in (c) acq	uired after 8/17/06, and not on a	1 1
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminated by the or	ganization during the
	tax year 🕨		
4	Number of states where property subject to conservation	on easement is located	
5	Does the organization have a written policy regarding the	ne periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easem		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing conserv	ation easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conservation	easements during the year
	> \$	D. al	(4)(7)(1)
8	Does each conservation easement reported on line 2(d		
^			
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	•	•
	organization's accounting for conservation easements.	Toothole to the organization's linaricial statements	that describes the
Pa		tions of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered		
1a	If the organization elected, as permitted under SFAS 11		t and balance sheet
	works of art, historical treasures, or other similar assets		
	public service, provide, in Part XIII, the text of the footn	ote to its financial statements that describes these	items
ь	If the organization elected, as permitted under SFAS 11		
	works of art, historical treasures, or other similar assets		
	public service, provide the following amounts relating to		
	(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, historic		
	following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1	• •	> \$
b	Assets included in Form 990, Part X · · · · · ·		
			

3 'Using the organization's acquisition, accessors, and other records, check any of the following that are a significant use of its collection terms (check all that apply) a Public exhibition		t III Organizations Maintaining Col							sets (co	ntınue	<i>ed)</i>
Public exhibition d Loan or exchange programs	3	'Using the organization's acquisition, accession, and	other records, che	ck any of	the followin	g that are a	significal	nt use of its			
Scholarly research Petervotide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII		collection items (check all that apply)	_								
Preservation for future generations Preservation for future generations Preservation for future generations Preservation for future generations of an interest Preservation for future generation Preservation for generations of a generation of generation of generation Preservation for generation Preservation for generation Preservation for generation Preservation Preserv	а	Public exhibition	d 🗌 Loan	or exchar	ge progran	ns					
Power description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	b	Scholarly research	e 🗌 Other	·							
Summary Summ	С	Preservation for future generations									
5 Dung the year, doth the organization solicit or receive dinations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	4	Provide a description of the organization's collection	s and explain how	they furth	er the orgar	nization's ex	empt pur	pose in Part			
assets to be sold to rase funds rather than to be mantianed as part of the organization? Yes No No Part IV Escrive and Custodial Arrangements. Scomplete 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, fusites, custodian or other intermediany for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c Ic Ic Ic Ic Ic Ic Ic		XIII									
Secrow 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 No Wes, "explain the arrangement in Part XIII and complete the following table Compared to the foll	5	Dunng the year, did the organization solicit or receiv	e donations of art,	historical	treasures, c	or other simi	lar				
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, fursitee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X? Separation If Yes No If Yes Yes No If Yes Yes If I	assets to be sold to raise funds rather than to be ma	aintained as part of	the organ	ization's co	llection?			🛮 ,	res [] No	
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?	Pa									_	
ta is the organization an agent, fusitiee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? Beginning balance		Complete if the organization answ	vered "Yes" on	Form 9	90, Part I	IV, line 9,	or repo	orted an amo	unt on Fo	orm	
Included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance		990, Part X, line 21									
b If "Yes," explain the arrangement in Part XIII and complete the following table Complete the following table Complete the following table Complete the following table Complete the following table Complete the following table Complete the following table Complete the following table Complete the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance (a) Current year (b) Prior years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years	1a	Is the organization an agent, trustee, custodian or of	ther intermediary fo	or contribu	tions or oth	er assets no	ot		_	_	_
c Beginning balance 1d		ıncluded on Form 990, Part X?		• • • •					[],	res [] No
c Beginning balance	þ	If "Yes," explain the arrangement in Part XIII and con	mplete the following	g table							
Additions during the year Distributions during the year Ending balance Distributions during the year Distribution of yeapland on (d) For year the year Distribution of yeap ababace Distributions during the year Distribution of year balance Distributions during the year Distribution of year balance Distributions Distribution of year balance Distri							<u> </u>	Ar	mount		
E Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account habitity? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account habitity? Part V Endowment Funds. Part X Check here if the explanation has been provided on Part XIII	С	cogg balance						ļ. <u> </u>			
Ending balance 12a Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds.	ď										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships of Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % Permanent endowment % The percentages in 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 organizations (i) related organizations (ii) related organizations 1 If "se" explain the arrangement 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) Cest or other basis (coher) (b) Cost or other basis (coher) (coher) Description of property (a) Cest or other basis (coher) (b) Cost or other basis (coher) (coher) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cest or other basis (coher) (b) Cost or other basis (coher) (coher) Cost or other basis (coher) (d) Book value (e) Book value (d) Book value (e) Book value (d) Book value (e) e	Bioting dailing the year										
b	f	Ending balance				• • • • •	· · <u> </u>				
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10	Zа	•					-		· · · · 🔲 ,	res [] No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 10			here if the explana	ation has t	een provid	ed on Part X	CIII •			<u>· · · [</u>	
a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (a) Four years back	<u>Pa</u>										
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 8 Board designated or quasi-endowment % b Permanent endowment % c Temporanty restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describe of the organization answered "Yes" on Form 990, Part IV		Complete if the organization ansv	vered "Yes" on	Form 9	90, Part	IV, line 10	<u> </u>				
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			(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Fou	r years b	ack
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	1a	· · · · · —									
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d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment Was board designated or quasi-endowment funds Was board designated for the grantation of the funds funds Was board designated for the grantation funds Was board designated for the grantation funds Was board designated for the grantation funds Was board designated for the grantation funds Was board designated for the grantation funds Was board designated for the grantation funds Was board designated for the g	С	Net investment earnings, gains, and									
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 The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describing of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings 322,718 4,482 318,236 c Leasehold improvements d Equipment 42,248 8,450 33,798 e Other		losses									
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	d	Grants or scholarships									
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	е	Other expenditures for facilities and	·						Ì		
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment Permanent endowment Note the removable ondowment The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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. Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (a) Buildings Land Describion of property (a) Cost or other basis (unvestment) Buildings 322,718 4,482 318,236 C Leasehold improvements 42,248 8,450 33,798 Other		programs									
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a Board designated or quasi-endowment	g	End of year balance									
b Permanent endowment	2	Provide the estimated percentage of the current year	ar end balance (line	e 1g, colur	nn (a)) held	as					
c Temporanly restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 322,718 4,482 318,236 c Leasehold improvements d Equipment 42,248 8,450 33,798 e Other	а	Board designated or quasi-endowment	%								
The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) B	b	Permanent endowment > %									
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(ii) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) (i	3a	Are there endowment funds not in the possession of	of the organization t	that are he	eld and adm	ninistered foi	r the				
(ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (d) Book value (d) Book value 22,718 4,482 318,236 c Leasehold improvements d Equipment 42,248 8,450 33,798 e Other		organization by								Yes	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (inve		(i) unrelated organizations							. 3a(i)		
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI		(ii) related organizations							· 3a(ii		
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 (other) (investment) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value 4,482 318,236 c Leasehold improvements d Equipment 42,248 8,450 33,798 e Other	b	If "Yes" on 3a(ii), are the related organizations listed	l as required on Sc	hedule R?							
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 (other) (investment) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (Investment) (I	4	Describe in Part XIII the intended uses of the organ	ization's endowme	nt funds.							
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 (b) Cost or other basis (other) (other) 1a Land b Buildings c Leasehold improvements d Equipment d Other 42,248 8,450 33,798 e Other	Pa										
(investment) (other) depreciation 1a Land				Form 9	90, Part	IV, line 11	la See	Form 990, P	art X, lin	e 10.	
(investment) (other) depreciation 1a Land b Buildings 322,718 4,482 318,236 c Leasehold improvements d Equipment 42,248 8,450 33,798 e Other			*	•							
b Buildings			1 ' '		, .				. ,		
b Buildings	1a	Land									
c Leasehold improvements 42,248 8,450 33,798 e Other 42,248 8,450 33,798	b	Buildings	. 32:	2,718				4,482		318.2	236
d Equipment	С										
e Other		•	. 4:	2,248				8,450	-	33.7	798
	е	• •			7					<u> </u>	
	Tota		Form 990, Part X, o	column (B), line 10c)					352,0	34

JACKSONVILLE DIST COUNCIL SOC OF ST

Schedule D (Form 990) 2016

Page 2

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Part VII	Investments - Other Securities.		and IV lime 44 h. One Forms 000 Part V. lime 40
		vered "Yes" on Form 990, P	art 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 (denvatives · · · · · · · · · · · · · · · · · · ·	• • •	
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		-	
(H)) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII	Investments - Program Related		
			art 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)			
(8)			
(9)		-	
Part IX) must equal Form 990, Part X, col (B) line 13) Other Assets.		
<u> </u>		wered "Yes" on Form 990. P	art IV, line 11d. See Form 990, Part X, line 15
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)	to (h) must squal Form 000 Rod V and (R) lis	20.45)	
Part X	n (b) must equal Form 990, Part X, col (B) lir Other Liabilities.	ie 15)	
(<u>. a.t.</u>)		wered "Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			_
(5)			

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

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

Sched	tle D (Form 990) 2016 JACKSONVILLE DIST COUNCIL SOC OF ST	35-2596006	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	-	
b			
С	recovered or prior your grante		
d	Other (Describe in Part XIII)	⊢ . I	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2е	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		* *
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	poi notam.	
		1.1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
9	Subtract line 2e from line 1	. 3	
3	1 1		-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	 	
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	· 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	
Pa	rt XIII Supplemental Information.		
Prov	ide 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, F	Part X, line	
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
_, .			
_			
_			
EEA		Schedu	ie D (Form 990) 201

EEA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

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nternal Revenue Service	► Information a	bout Schedule G	(Form 990 or	990-EZ) and	its instructions is at ww	/w.irs.gov/	form990.	Inspection
lame of the organization							Employer ide	entification number
ACKSONVILLE DIST	COUNCIL SOC	OF ST					35-25	96006
Part Fundraisi	ng Activities.	Complete if t	he organi	ızatıon an	swered "Yes" on I	Form 99	90, Part I\	/, line 17
Form 990-E	Z filers are not r	required to con	nplete this	part				
1 Indicate whether the	organization raised	d funds through a	ny of the fol	lowing activi	ties Check all that app	ly		
a Mail solicitations					of non-government gran	nts		
b Internet and email	solicitations		f 🗌	Solicitation of	of government grants			
c Phone solicitation:	s		g 🗌	Special fund	Iraising events			
d In-person solicitat	ions							
2a Did the organization I	have a written or o	ral agreement wr	th any indivi	dual (ıncludı	ng officers, directors, tr	ustees,		
or key employees list	ed in Form 990, Pa	art VII) or entity ir	n connection	with profes	sional fundraising servi	ces?	□ Y	'es 🗌 No
b If "Yes," list the 10 hig	ghest paid individu	als or entities (fui	ndraisers) p	ursuant to a	greements under which	the fundr	aiser is to be	е
compensated at leas	t \$5,000 by the org	ganization						
			(iii) Did fund	draiser have			ount paid to	(vi) Amount paid to
(i) Name and address or entity (fundra		(ii) Activity	custody or	control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
or chary (tondia			contrib	utions?			ol (I)	organization
			Yes	No				
1								
2					!			
3								
4								
5								
							·	
6								
7								
8								
_	-							
9								
40			 					
10	Í							
			1					-
Total				🕨				
3 List all states in which				licit contribut	tions or has been notifie	ed it is exe	emnt from	
registration or licensin	=	o regionarea en me						
7090000000								
		 -						
								
·-··				•			· · <u></u>	
								

Page 2 JACKSONVILLE DIST COUNCIL SOC OF ST 35-2596006 Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col (a) through LOW CTY BOIL DINNER/SHOW col (c)) (event type) (event type) (total number) Revenue Gross receipts 73,769 19,245 7,485 100,499 Less Contributions Gross income (line 1 minus 73,769 19,245 7,485 100,499 line 2) Cash prizes Noncash prizes Rent/facility costs · · Direct Expenses Food and beverages 4,893 3,664 743 9,300 Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) 9,300 Net income summary Subtract line 10 from line 3, column (d) 91,199 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col (a) through col (c)) bingo/progressive bingo Gross revenue · · · · · · 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

SCHEDULE I (Form 990)	Gran Govern Complete if	its and Other iments, and I	Assistance to ndividuals in t	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	S, tes :22.	0	OMB No 1545-0047 2016 .
Department of the Treasury	► Information above	A Schedule I (Form 9	Attach to Form 990. rm 990) and its instructio	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	orm990.		Inspection
Name of the organization JACKSONVILLE DIST COUNCIL SOC OF	OF ST					Employer identification number 35-2596006	number
ieral Informatio	Grants and Assista	nce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	o substantiate the amount	of the grants or assist	ance, the grantees' elig	eligibility for the grants or assistance, and	assistance, and		. X Yes
the selection criteria used to award the grants or assistance?	rants or assistance?	he use of grant funds in the L	the United States				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	nce to Domestic Organication	Inizations and Do	mestic Governmer Part II can be dupl	its. Complete if the cated if additional s	organization answered pace is needed	I "Yes" on Form	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							:
(2)							
(8)							
(6)							
(10)							
2 Enter total number of section 501(c)(3) and government organizations	and government organization	ons listed in the line 1 table	table			▲ ▲ : : : : : :	
10	te Instructions for Form					Š	Schedule I (Form 990) (201

Schedule I (Form 990) (2016)

Page 2 Schodule (Form 990) (2016)

JACKSONVILLE DIST COUNCIL SOU OF ST

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

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

Part III can be duplicated if additional space is needed 35-2596006 JACKSONVILLE DIST COUNCIL SOC OF ST

	רמון ווו כמון טפ טעטווכמוכט וו ממטווסוומו אסמככ וא ווככמכמ	space is liceded				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
						FOOD, CLOTHING, AND
1 ASSI	1 ASSISTANCE TO INDIGENTS	49,946	380,563	353,450 FMV	FMV	FURNITURE
8						
,						
,						
4						
S						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information.

01. Monitoring procedures (Part I, line 2)

THESE CLIENTS THE ORGANIZATION OFFERS AID TO INDIVIDUALS WHO ENTER OR ARE REFERRED TO THE SOCIETY WHO CLAIM INDIGENT STATUS.

THEN COMPLETE AN APPLICATION FOR AID.

Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2016

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

QUID
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Inspection

Employer identification number

35-2596006 JACKSONVILLE DIST COUNCIL SOC OF ST Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts applicable items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications . 5 Clothing and household goods 353,450 х 6 Cars and other vehicles Boats and planes 8 Intellectual property 9 Secunties - Publicly traded · · · · 10 Securities - Closely held stock · · Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other · · · Real estate - Residential 15 16 Real estate - Commercial · · · · Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies · · · 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 26 Other ►(27 Other ►(28 Other ►(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 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 30a Χ to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? If "Yes," describe in Part II. b If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

JACKSONVILLE DIST COUNCIL SOC OF ST	35~2596006
01. Form 990 governing body review (Part VI, line 11)	
THE FORM 990 IS REVIEWED BY THE COUNCIL PRESIDENT FOR ACCURACY BEFORE BE	ING SUBMITTED TO
THE INTERNAL REVENUE SERVICE FOR FILING.	
02. Governing documents, etc, available to public (Part VI, line 19)	
THE ORGANIZATION DOES NOT PROVIDE PUBLIC INSPECTION OF ITS ORGANIZING DO	
FINANCIAL STATEMENTS. THIS FORM 990 WILL BE PROVIDED UPON REQUEST FOR I	NSPECTION BY
INTERESTED PARTIES OF THE PUBLIC.	
	-
	