•	r	(COF)	29
Form	990	(\$\display 1	Return of Organization Exempt From Income
		Inder se	ection 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv

29493054034139 Income Tax

2017

ate foundations)	
ublic.	Open to Public

	٠,	•	Onder Section		•	• •	•			
	tment of t	he Treasury	▶ Do	o not enter social security	numbers on this fo	rm as it may be ma	de public.	Open to Public		
		ie Service	▶ (Go to www.irs.gov/Form	990 for instructions	and the latest infor	mation.	Inspection		
A	or the	2017 calenda	r year, or tax yea	r beginning	10-	01 , 2017, and e	nding (09-30 ,2018		
В	Check if a	pplicable	C Name of organizatio	on JACKSONVILLE DIS	ST COUNCIL SOC	OF ST		D Employer identification no		
	Address cl	hange	Doing business as	VINCENT DE PAUL	INC GROUP RET	JRN		35-2596006		
	Name change									
	Initial return 3512 BEACH BLVD (904) 396-									
Ē.	inal retur	n/terminated		r province, country, and ZIP or fore	ign postal code			G Gross receipts		
$\overline{}$	Amended return JACKSONVILLE, FL 32207									
\equiv	Application pending F Name and address of principal officer BARTHOLOMEW OLEARY H(a) Is this a group return to									
SAME AS C ABOVE H(b) Are all subordinates include										
Z -	fax-exemp	T status 🔯	501(c)(3) 501(4947(a)(1) or	527 Statemen	t #128 If "No," attac			
3		► N/A	301(0)(3)	(c) () 4 (iiibert iib)		ozi beacemen	H(c) Group exempti			
			Corporation Trus	st Association Other		L Year of formation	M State of I			
∂ uLPa		ganization 🔼 Summar		st Association Other		L fear of formation	IM State of t	egal domicile FL		
					ant antiquities					
	1	•	•	n's mission or most significa			N SERVICE TO			
₹ 8				FICE VISITS ASSIST		<u> TH SHELTER, U</u>	TILITIES, FOO	OD, CLOTHING,		
an		FURNITURI	, AND MEDIC	CAL AND DENTAL ASS	SISTANCE.					
Governance							.			
ò	2			anization discontinued its of		of more than 25% o		1		
. « 5	3		•	he governing body (Part VI				3 7		
es	4	Number of in	lependent voting r	members of the governing	body (Part VI, line (b)	CIVED.		4 7		
Ž	5	Total number	of individuals emp	oloyed in calendar year 201	7 (Paddy line 2a)	ပ္တု		5 4		
Activities	6	Total number	of volunteers (esti	mate if necessary)	······································	5 2019 8		6 286		
< <	7a	Total unrelate	d business revenu	ue from Part VIII, column (C				7a 0		
)	Ь	Net unrelated	business taxable	income from Form 990-T, I	ine 34			7 b 0		
					UGUE	IV. UI	Prior Year	Current Year		
;	8	Contributions	and grants (Part \	/III line 1h\						
:		9 Program service revenue (Part VIII, line 2g)								
i e	1 _	Program serv	• .				634,4	770,971 0		
enne,	9	•	ice revenue (Part							
Revenue	9	Investment in	ice revenue (Part come (Part VIII, co	VIII, line 2g) · · · · · ·	d)	<u> </u>	2	0 236 835		
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For Paperwork Reduction Act Notice, see the separate instructions.

SAINT AUGUSTINE FL 32085-4497

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2017)

Form	990 (2017) JACKSONVILLE DIST COUNCIL SOC OF ST 35-2596006 Pag	je 2
	rt III. Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	٦
1 3	Briefly describe the organization's mission	 -
•	PERSON TO PERSON SERVICE TO THE POOR. CONDUCT HOME AND OFFICE VISITS ASSISTING PEOPLE WITH	
	SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICAL AND DENTAL ASSISTANCE.	
	SHELIER, CITETION, COOP, CHOIMING, PORTIONAL, 125 125 125 125 125 125 125 125 125 125	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services? Yes X No	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
-	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
	the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ 815,808 including grants of \$ 679,396) (Revenue \$)	
40	CONDUCTED PERSON TO PERSON VISITS ASSISTING 42,541 PEOPLE WITH DIRECT AND INDIRECT CASH	
		—
	PAYMENTS FOR SHELTER, UTILITIES, FOOD, CLOTHING, FURNITURE, AND MEDICINE. THIS IS POSSIBLE	
	THROUGH DONATIONS FROM THE GENERAL PUBLIC AS WELL AS PROFITS FROM THRIFT STORES RUN BY THE	
	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 INDIVIDUALS	
	AND FAMILIES IN THE NORTHEAST FL AREA.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code) (Expenses +	
4d	Other program services (Describe in Schedule O)	
→u	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 815,808	
FFA	Form 990 (20)17)

EEA

Form 990 (2017) **Checklist of Required Schedules**

		-		
` 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
' `	complete Schedule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			^
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ł
	Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			<u> </u>
6	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			$\overline{}$
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
		-		$\stackrel{\frown}{\vdash}$
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
_	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			ĺ
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	•		v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	***	٠٠.	
	VII, VIII, IX, or X as applicable	-ُــــــــــــــــــــــــــــــــــــ		٠.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	X	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VII	11b		X
	or the total development and the state of th	מוו	_	_^
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	_^
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		l v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	 	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448		.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		.,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			١,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	├	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		٠,,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			.,
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	<u> </u>	X
EEA		Form	990 (2017)

35-2596006 Page 4 Form 990 (2017) JACKSONVILLE DIST COUNCIL SOC OF ST Part IV. Checklist of Required Schedules (continued) Yes No 20a* Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 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 23 Х employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 Χ 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 Χ 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 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 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) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b 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 Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 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 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х or IV, and Part V, line 1 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2017)

JACKSONVILLE DIST COUNCIL SOC OF ST

Part V., Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • • •	· · · · ₋	
¢			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	· -	۱ ۱	: 1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	·	,	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			لـــا
	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	₹'		امر ا
	Statements, filed for the calendar year ending with or within the year covered by this return			نـــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	المشا		اا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			٦
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			. `
	(FBAR)	- ",	<u>. </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	10.20	, 3	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ت	
	and services provided to the payor?	7a		X
Ь	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		نثث	<u> </u>
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	•	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ظ <u>ر.</u>	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	7,		لنــــــــــــــــــــــــــــــــــــ
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	ger		
а	Initiation fees and capital contributions included on Part VIII, line 12	ي ^د وا و	•	. '
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.	• ,	
11	Section 501(c)(12) organizations. Enter	e,		
а	Gross income from members or shareholders	9	t	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	, r	:	١.
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	V.		ا ،
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. 42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	s	•	, ,
b	Enter the amount of reserves the organization is required to maintain by the states in which			7 41
	the organization is licensed to issue qualified health plans	12.	- 5	
C		140	44.5) v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	900 //	2017\
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Vec No Enter the number of voting members of the governing body at the end of the tax year 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Х h 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," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 16a 16a with a taxable entity during the year? 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 17 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 X 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 State the name, address, and telephone number of the person who possesses the organization's books and records 20 LAWRENCE O'BRIEN, TREASURER (904)396-7473, 3512 BEACH BLVD, JACKSONVILLE,

Form 990 (2017)	Form	990	(201)	7)
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JACKSONVILLE DIST COUNCIL SOC OF ST

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

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

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

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

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

Check this box if neither the organization nor any related	l organization	comp	ensa	ated	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 ss per	son is	ne both highest compensated 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				Х				0	0	0
(2) LINDA KUEPPER SANTA MARIA CONFERENCE PRESIDENT	15.00			Х				0	0	0
(3) RON COLMAN ST JOHN EV CONF PRESIDENT	15.00			Х				0	0	**
(4) JUDITH SURRATT ST JOHN CONF PRESIDENT	15.00			Х				0	0	0
(5) ROBERT FOLEY ST DENIS CONF PRESIDENT	15.00			Х				0	0	0
(6) ROLAND D LALIBERTE SAN JUAN CONF PRESIDENT	15.00			Х				0	0	0
(7) CANDYCE P BREIDERT ST PAUL CONF PRESIDENT	15.00			Х	_			0	. 0	0
<u>(8)</u>										
(9)										
(10)										
(11)										
(12)										
(13)						,				
(14)									!	

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Part VI	I. Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est C	Comp	ensa	ited Employees (continued)			
	(A) Name and title	(B) Average				tion ore tha	an one both an		(D) Reportable	(E) Reportable	l	(F) imated	
		hours per week (list any hours for related organizations below dotted line)					Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount of other pensation om the anization in related nization	n B
<u>(15)</u>												<i>.</i>	
<u>(16)</u>													
<u>(17)</u>								İ					
<u>(18)</u>													
<u>(19)</u>													
(20)			-										
(21)													
(22)													
(23)													
(24)													
(25)													
с То	ub-total	on A · ·						* * *	C	0			0
	otal number of individuals (including but not limited	to those liste	d abov	ve) v	vho i	ecei	ived m	ore	than \$100,000 of	0			
3 D	old the organization list any former officer, director,								ensated		3	Yes	No X
4 F	mployee on line 1a? If "Yes," complete Schedule J or any individual listed on line 1a, is the sum of rep rganization and related organizations greater than	ortable comp	ensati	on a	nd o	ther	comp	ensa	ation from the		-		
ın	ndividual · · · · · · · · · · · · · · · · · · ·										4		X
fo	or services rendered to the organization? If "Yes," on B. Independent Contractors										5		Χ
1 C	complete this table for your five highest compensation ompensation from the organization. Report compenser												
	(A) Name and business address								(B) Description of			C) ensation	1
	otal number of independent contractors (including eceived more than \$100,000 of compensation from			ose I	isted	l abo	ove) w	ho			'o , -t ,		
											_		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (B) (D) Revenue excluded from tax Total revenue Related or Unrelated exempt business revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1b С Fundraising events 1c 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, 1f and similar amounts not included above 770,971 Noncash contributions included in lines 1a-1f \$ 357,306 Total. Add lines 1a-1f 770,971 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · ▶ 835 835 Income from investment of tax-exempt bond proceeds 5 (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · ▶ (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 · · · · · · · · a 35,434 **b** Less direct expenses · · · · · · · b 5,973 c Net income or (loss) from fundraising events 29,461 29,461 9a Gross income from gaming activities See Part IV, line 19 a ${\bf b}$ Less direct expenses $\cdots \cdots {\bf b}$ c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a 310,814 **b** Less cost of goods sold b 4,840 c Net income or (loss) from sales of inventory · · · · · · · ▶ 305,974 305.974 Business Code Miscellaneous Revenue 11a e Total. Add lines 11a-11d ol Total revenue. See instructions · · · · · · · · · · · ▶ 1,107,241 336,270 Form 990 (2017)
Part IX \ \$1 17) JACKSONVILLE DIST COUNCIL SOC OF ST Statement of Functional Expenses

ė	Check if Schedule O contains a response or note to a	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
<u>36,</u> 9	b, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations			T	
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	679,396	679,396		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				4
	individuals See Part IV, lines 15 and 16 · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,820	28,820		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,205	2,205		
11	Fees for services (non-employees)				
а	Management			· · · · · ·	
b	Legal······				
C	Accounting	1,050		1,050	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O) · ·	0.270		0.270	
12	Advertising and promotion	2,370	20.002	2,370	· · · ·
13	Office expenses	65,041	20,983	44,058	
14	Royalties				•
15 16	Occupancy · · · · · · · · · · · · · · · · · · ·	26 262	20 010	7,253	
16 17	Travel	36,263 2,503	29,010	2,503	
18	Payments of travel or entertainment expenses	2,303		2,303	
. 0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
20 21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	22,732	13,519	9,213	· · ·
23	Insurance		10,019	7,213	
24	Other expenses Itemize expenses not covered	** ,		14	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		•		•
	(A) amount, list line 24e expenses on Schedule O)				
а	TRUCK EXPENSE	11,749	11,749		
b	STORAGE	6,448	6,448		
c	SALES TAX PAID	16,892	16,892		
d	DUES AND SUBSCRIPTIONS	2,771		2,771	
8	All other expenses	6,786	6,786		
25	Total functional expenses. Add lines 1 through 24e ·	885,026	815,808	69,218	0
26	Joint costs. Complete this line only if the		, , , , , , , , , , , , , , , , , , , ,		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation Check here				<u>:,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

Balance Sheet Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1 Cash - non-interest-bearing 55,613 134,750 2 2 479,906 608,788 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 6 organizations (see instructions) Complete Part II of Schedule L 7 7 Notes and loans receivable, net Assets 8 8 Inventories for sale or use . . . 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 389,786 10c 35.664 354.122 b 11 11 12 Investments - other securities | See Part IV. line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 887,553 1,097,660 16 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 151,384 139,276 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 151,384 Organizations that follow SFAS 117 (ASC 958), check here 2110 1 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 736,169 958. 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 958,384 33 736,169 34 887,553 1,097,660

		35-259600)6	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			• • •	<u>· 🔲</u>
11	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,:	107,2	241
2	Total expenses (must equal Part IX, column (A), line 25)			<u>885,0</u>)26
3	Revenue less expenses Subtract line 2 from line 1	. 3		222,2	215
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	_	736,1	L <u>69</u>
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities				
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		958,3	384
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🗀</u>
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		i
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				,
	separate basis, consolidated basis, or both		٠. ٠		ļ, Ì
	Separate basis Consolidated basis Both consolidated and separate basis		٠,		, ,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		,		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				,
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	ŀ	

EEA

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545:0047

2017 Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Inspection, Employer identification number

AC:	KSO	NVILLE DIST COUNCIL SOC	OF ST				35-25960		
Pa	rt I	Reason for Public Charit	y Status (All or	ganızatıons must c	omplete	this part	t) See instructio	ns	
he (orgar	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	one box)		1		
1	\Box	A church, convention of churches, or	association of churc	ches described in sectio i	n 170(b)(1)(A)(i).	67	/	
2	П	A school described in section 170(b)	(1)(A)(ii), (Attach S	chedule E (Form 990 or 9	990-EZ))		() +		
3	Ħ	A hospital or a cooperative hospital se				ii).	<i>\(\)</i>		
4	Ħ	A medical research organization oper	•			-	(A)(iii) Enter the		
•	ш		ated in conjunction	with a nospital described	III Section	, ((1)	(A)(III). Litter the		
_	\Box	hospital's name, city, and state	ft of a callege action						
5	Ш	An organization operated for the bene	_	niversity owned or operat	ed by a go	vernmenta	i unit described in		
	_	section 170(b)(1)(A)(iv). (Complete F	· ·						
6	Ш	A federal, state, or local government of	or governmental un	it described in section 17	70(b)(1)(A)	(v).			
7	X	An organization that normally receives	s a substantial part	of its support from a gove	ernmental (unit or from	the general public		
		described in section 170(b)(1)(A)(vi)	. (Complete Part II))					
8		A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)					-
9		An agricultural research organization	described in <mark>sectio</mark>	n 170(b)(1)(A)(ix) opera	ted in conji	unction with	n a land-grant college	:	
	_	or university or a non-land-grant college							
		university	,	•	•		-		
0	П	An organization that normally receives	(1) more than 33	1/3% of its support from	contribution	ns. membe	rship fees, and gross		
•	ш	receipts from activities related to its ex	• •				· ·		
		•	•	•					
		support from gross investment income					JIII Dusillesses		
	\Box	acquired by the organization after Jun	•	* * * * * * * * * * * * * * * * * * * *					
1	님	An organization organized and operat	•	•					
2	\sqcup	An organization organized and operat							
		of one or more publicly supported org							
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization	operated, supervis	ed, or controlled by its su	pported or	ganızatıon	(s), typically by giving	•	
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dire	ectors or to	ustees of the		
		supporting organization You mu-	st complete Part I	V, Sections A and B.					
	b	Type II. A supporting organization	n supervised or con	trolled in connection with	its suppor	ted organiz	ration(s), by having		
		control or management of the sur						ľ	
		organization(s) You must comp					•		
	С	Type III functionally integrated.			ection with	and funct	ionally integrated with	1.	
	•	its supported organization(s) (see						",	
	_	_		•				(e)	
	d								
		that is not functionally integrated					and an altentivenes	5	
		requirement (see instructions) Ye							
	e	Check this box if the organization				a Type I, I	уре II, Туре III		
		functionally integrated, or Type III		egrated supporting orgar	iization				
	f	Enter the number of supported organi	zations						L
	g	Provide the following information about	ut the supported org	ganization(s)					
	(1) Name of supported organization	(II) EIN	(iii) Type of organization	(ıv) is the o	-	(v) Amount of monetary	(vi) Amo	
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other supp	
				above (586 illalidiciolis))	docum	GIR?	manucuona)	11130 00	
					Yes	No			
A)									
B)									
									
C)									
			 		 	 			
D)									
					 				
E)			1				;		
			pa 1 4 4 . 9	na atau atau atau	 	ļ .			

Schedule A (Form 990 or 990-EZ) 2017

JACKSONVILLE DIST COUNCIL SOC OF ST

35-2596006

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

- Cabbott community to C. Sammannon a second and the community of the comm
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify unde
Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") · · · · ·	783,178	689,543	864,980	634,476	770,971	3,743,148
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 · · · · ·	783,178	689,543	864,980	634,476	770,971	3,743,148
5	The portion of total contributions by each person (other than a		The second second				
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) · · · · ·	THE RESERVE OF THE PARTY OF THE	THE SHAPE OF STREET	1 as a state of the	The same was	ENCLOSE STATE	
6	Public support. Subtract line 5 from line 4 · ·	別題 世上が、注	barran va	学学工人人工造企业 事	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	. Proprietary	3,743,148
-	tion B. Total Support	1 () 2040	#120044	4-> 2045	(4) 2040	(-) 2017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	• • • • • • • • • • • • • • • • • • • •
7 8	Amounts from line 4	783,178	689,54 <u>3</u> 56				3,743,148 2,323
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	29,461	124,968
11		海外带了加速1元	Helming Mills	中國和河南沿海			3,870,439
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the corganization, check this box and stop here	organization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	▶ □
Sec	tion C. Computation of Public Su					- ,	
14	Public support percentage for 2017 (line 6,			7))		14	96.71 %
15	Public support percentage from 2016 Schee	dule A, Part II, line 1	14			15	97.44 %
16a	33 1/3% support test - 2017. If the organiz box and stop here. The organization qualifi				/3% or more, checl		▶ 🏻
b	33 1/3% support test - 2016. If the organiz this box and stop here. The organization qu	ation did not check	a box on line 13 or	16a, and line 15 is		check	- ▶ ∏
17a	10%-facts-and-circumstances test - 2017 10% or more, and if the organization meets Part VI how the organization meets the "fac	 If the organization the "facts-and-circ ts-and-circumstand 	n did not check a bo umstances" test, ch es" test. The organ	ox on line 13, 16a, oneck this box and solution qualifies as	or 16b, and line 14 top here. Explain i a publicly supporte	ıs n d	
b	organization	6. If the organization neets the "facts-and	n did not check a bo d-circumstances" te	ox on line 13, 16a, a est, check this box	16b, or 17a, and lin and stop here .	e	▶ ∐
18	Explain in Part VI how the organization mees supported organization Private foundation. If the organization did						▶ □
	instructions						▶ □
	mode doubles					Schedule A (Fo	

٠	(Complete only if you check if the organization fails to quality in the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete only if you check it is a second or the complete						er Part II
Sec	tion A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	√(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •	· · · · · · · · · · · · · · · · · · ·					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					/	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						:
6	Total Add lines 1 through 5 · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						-
С	Add lines 7a and 7b · · · · · · · ·	<u></u>					
8	Public support. (Subtract line 7c from line 6)						•
	ction B. Total Support				·		
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the org organization, check this box and stop here			or fifth tax year as	a section 501(c)(3) <u>.</u>	▶ 📋
	ction C. Computation of Public Su					<u> </u>	
	Public support percentage for 2017 (line 8, co					15	
	Public support percentage from 2016 Schedu				· · · · · · · · · · · · · · · · · · ·	16	
_	ction D. Computation of Investmen					4= 1	- .
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc			lumn (f))		17	
	33 1/3% support tests - 2017. If the organiza 17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the organiza	and stop here. The	e organization qual	ifies as a publicly s	upported organizati	on	▶ □
D	line 18 is not more than 33 1/3%, check this b	oox and stop here.	. The organization	qualifies as a public	cly supported organ	ization · · ·	▶ 🗍
20	Private foundation. If the organization did no					<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.

► Attach to Form 990.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	of the organization	Employer identification number
	CKSONVILLE DIST COUNCIL SOC OF ST	35-2596006
Pai		nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
·	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area
	Protection of natural habitat Preservation of a certified his	•
	Preservation of open space	tono di adiana
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	envation
_	easement on the last day of the tax year	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a		2b ;
b	Total deleage restricted by socioes valient eaconies.	1-2-1
С	realization of bottom cases make and continued the continu	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	_
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	- *
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · ∐ Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(1)
	and section 170(h)(4)(B)(II)? $\cdots \cdots	· · · · · · · · · · · · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	describes the
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furti	herance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	•
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pi	
4	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	· · · · · ·
_	Revenue included on Form 990, Part VIII, line 1	> \$
a		
b	Assets included in Form 990, Part X	

	tie D (Form 990) 2017 JACKSONVILLE DI	ST COUNCIL SO	C OF ST			35-259		Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures,	or Othe	er Similar As	sets (co	ntınued)
3	Using the organization's acquisition, accession, a	nd other records, ch	eck any of the folk	owing that are a	significal	nt use of its		
•	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loar	or exchange prog	grams				
b	Scholarly research	e 🗌 Othe	er					
С	Preservation for future generations							
4	Provide a description of the organization's collecti	ons and explain how	they further the o	organization's ex	empt pur	pose in Part		
	XIII	•	-					
5	During the year, did the organization solicit or rece	eive donations of art	, historical treasure	es, or other sım	ılar			
	assets to be sold to raise funds rather than to be						🛮 Y	es 🗌 No
Par	t IV Escrow and Custodial Arrang				•			
	Complete if the organization an	swered "Yes" or	n Form 990, Pa	art IV, line 9,	or repo	orted an amo	unt on Fo	rm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions of	r other assets n	ot			
	included on Form 990, Part X?						🗌 Y	'es 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	ng table					
						A	mount	
С	Beginning balance							
d	Additions during the year				1d			·
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow or cust	odial account lia	ability?		🗌 Y	'es 🗌 No
b	If "Yes," explain the arrangement in Part XIII Che	ck here if the explan	ation has been pro	ovided on Part 2	KIII .			🗌
	t V Endowment Funds.							
	Complete if the organization an	swered "Yes" or	n Form 990, Pa	art IV, line 10	כ			
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years back	k (e) Four	years back
1a	Beginning of year balance					-		
b	Contributions							
С	Net investment earnings, gains, and			-				
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							<u></u>
	programs							
f	Administrative expenses				_			
q	End of year balance	-						
2	Provide the estimated percentage of the current	year end balance (lin	e 1g, column (a))	held as		_		
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	Temporanly restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should e	equal 100%						
3a	Are there endowment funds not in the possession		that are held and	administered fo	r the			
	organization by							Yes No
	(i) unrelated organizations · · · · · · · ·						3a(i)	
	(ii) related organizations						· · 3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations list	ted as required on S	chedule R? .				3b	
4	Describe in Part XIII the intended uses of the org	anization's endowme	ent funds					
Pai	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization an	swered "Yes" or	n Form 990, P	art IV, line 1	1a See	Form 990, F	'art X, line	e 10
	Description of property	(a) Cost or other	er basis (b) Co	est or other basis	(c) /	Accumulated	(d) Boo	k value
		(investme	ent)	(other)	de	preciation		
1a	Land					. 4		
b	Buildings	34	7,538			13,695		333,843
С	Leasehold improvements							
d	Equipment	4	2,248			21,969		20,279
е	Other	· · ·						
Total	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X,	column (B), line 1	0c) · · ·		▶		354,122

Part VII.	Complete if the organization answere	d "Yes" on Form 990, I	Part IV, line 11b See Form 990), Part X, line 12
\	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year marke	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				1821
(B)			-	
(C)			•	- "
(D) (E)				
(F)			***************************************	
(G)				
(H)				
	n) must equal Form 990, Part X, col (B) line 12)	-		
Part VIII	Investments - Program Related.	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c See Form 990), Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year marke	
(1)				·
(2)				
(3)				
(4)				
(5)				· · · ·
(6)		·		
(7)				
(8)				
(9)	Navist equal Form 990 Part Y col (R) line 131			· · · · ·
Part IX	Other Assets.			·
Tartix	Complete if the organization answere	ed "Yes" on Form 990.	Part IV line 11d See Form 990). Part X. line 15
		Description		(b) Book value
(1)	(a)	, , , , , , , , , , , , , , , , , , ,		
(2)	-			
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15	<u>)</u>		
Part X	Other Liabilities. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11e or 11f See Fo	rm 990, Part X,
	line 25.	415		* *
1. (1) Foderal	(a) Description of liability	(b) Book value	 , •	۰ رسی ایسار
	income taxes		· ,	·
(2)			- ' .	
(3)		-	 	,
(5)			 	•
(6)			· · ·	
(7)		-	 	•
(8)		-		
(9)				· · ·
	b) must equal Form 990, Part X, col (B) line 25)			4
	r uncertain tax positions. In Part XIII, provide the te	rt of the footnote to the organ	ization's financial statements that report	s the

Sched	ule D (Form 990) 2017 JACKSONVILLE DIST COUNCIL SOC OF ST	35-2596006	Page 4
	rt XI. Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 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		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	 . ,	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
a	Other (Describe in Part XIII)		
b	Add lines 4a and 4b	· 4c	
_ C			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	e per Peturn	
Pa		s per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		<u>_</u>
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		
þ	Pnor year adjustments		
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	· 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII)	<u> </u>	
¢	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,	Part X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
	<u>.</u>		
			

EEA

Schedule D (Form 990) 2017

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

Attach to Form 990 or Form 990-EZ.

2017

OMB No 1545-0047

Department of the Treasury Intérnal Revenue Service

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

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lame of the organization					Employer idea	itirication number
ACKSONVILLE DIST COUNCIL SO	C OF ST				35-25	96006
Part I Fundraising Activities	. Complete if			swered "Yes" on	Form 990, Part IV	, line 17
Form 990-EZ filers are not	t required to co	mplete this	part.			
1 Indicate whether the organization raise	ed funds through					
a 🔲 Mail solicitations				of non-government gra	ints	
b Internet and email solicitations		f 🔲	Solicitation of	of government grants		
c Phone solicitations		g 🗍	Special fund	Iraising events		
d In-person solicitations			•	•		
2a Did the organization have a written or	oral agreement v	with any indivi	dual (includir	na officers, directors, t	rustees	
or key employees listed in Form 990,						s 🗍 No
b If "Yes," list the 10 highest paid individ	•			_	-	
		unuraisers, p	ursuant to as	greements ander wine	ii (iic iuliulaisci is to oc	
compensated at least \$5,000 by the o	rganization					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col (ı)	
1		163				
•						
2						
3						
4						
5		_				
6			-			-
					_	
7						
8						
9		<u> </u>				
10						
Fotal						
3 List all states in which the organization			hort contribut	ions or has been notifi	ed it is evennt from	
registration or licensing	is registered of t	icerised to so	iicit continuat	ions of rias occir noun	ed this exempt nom	
						<u>,</u>
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
		-				
						
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b If "Yes," explain

° U (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 ' Inspection 2017 ⊠ Yes Employer identification number 35-2596006 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. (e) Amount of noncash assistance ► Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN JACKSONVILLE DIST COUNCIL SOC OF ST (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part Part II 9 Ξ 3 ල 3 3 9 9 <u>6</u> 8

Schedule I (Form 990) (2017)

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

- Page 2

35-2596006

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

Part III

(f) Description of noncash assistance FOOD, CLOTHING, AND Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. FURNITURE (e) Method of valuation (book, FMV, appraisal, other) 357,306 FMV (d) Amount of noncash assistance 322,090 (c) Amount of cash grant Part III can be duplicated if additional space is needed 42,541 (b) Number of recipients (a) Type of grant or assistance 1 ASSISTANCE TO INDIGENTS 7 S 9 က

Schedule I (Form 990) (2017)

EEA

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047 2017

ZUII

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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JACKSONVILLE DIST COUNCIL SOC OF ST 35-2596006 Types of Property (b) (c) (d) (a) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household goods 357,306 **FMV** Х Cars and other vehicles Boats and planes Intellectual property 9 Secunties - Publicly traded · · · · 10 Securities - Closely held stock . . 11 Securities - Partnership, LLC, or trust interests 12 Securites - Miscellaneous 13 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles · · · · · · · · · · 18 19 Food inventory 20 Drugs and medical supplies · · · 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . Archeological artifacts 24 25 Other ►(' 26 Other ►(Other ►(27 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 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 to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II ٠, Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X If "Yes," describe in Part II 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)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

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 BEING 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 DOCUMENTS OR FINANCIAL STATEMENTS. THIS FORM 990 WILL BE PROVIDED UPON REQUEST FOR INSPECTION BY INTERESTED PARTIES OF THE PUBLIC.