Return of Organization Exempt From Income Tax

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

10/01

, 2015, and ending

,2016 D Employer identification no.

09/30

2015

Open to Public nspection :

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For the 2015 calendar year, or tax year beginning

▶ 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.

WINTER HAVEN ECONOMIC DEVELOPMENT 45-3154152 Address change E Telephone number COUNCIL, INC. Name change (863) 837-5280 **401 AVENUE B NW** Initial return G Gross receipts \$ 294,198. 33881-4606 WINTER HAVEN, FL Termination Amended return F Name and address of Principal Officer H(a) is this a group return BRUCE LYON App. pending 🗌 Yes 🔀 No for affiliates? 401 AVENUE B NW H(b) Are all affiliates WINTER HAVEN, FL 33881-4606 Yes No included? Tax Exempt Status **X** 501(c)(**6**) (insert no.) 501(c)(3) 4947(a)(1) or If "NO" attach a list (See instructions) Website: ► WWW . WHEDC . COM H(c) Group exemption no. ▶ Form of organization 🗶 Corporation 🗌 Trust 🗌 Association 🔲 Other 🕨 L Year of Formation 2011 M St. of legal domicile Part Summary Briefly describe the organization's mission of most significant activities: CREATING HIGH QUALITY JOBS THROUGH THE EXPANSION OF EXISTING BUSINESSES AND INDUSTRY AND BY ATTRACTING NEW BUSINESSES AND INDUSTRY TO THE WINTER HAVEN AREA. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more that 25% of it assets 3 35. Number of voting members of the governing body (Part VI, line 1a) 4 3<u>5.</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 5 2. Total number of individuals employed in calendar year 2015 (Part V, line 2a). . 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0. Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** R 205,000 8 149,000. Contributions and grants (Part VIII, line 1h) E 9 Program services revenue (Part VIII, line 2g) . 119,159. 145,000. 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) **65** . 68. 11 480 130. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) . . Total revenue-add lines 8 through 11 (must equal Part VIII, Column (A), line 12) 12 324,704 <u> 294,198.</u> 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,000. О. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Partix CIRA), (Interest 10). 184,517 205,818. 16a Professional fundraising fees (Part IX, dolumn A), time fire b Total fundraising expenses (Part IX, colugar (D), line 25) ▶ Other expenses (Part IX, column (A), In 18 11a-JAN 18-244)17. 109,961 65,901. Total Expenses Add lines 13-17 (must equal Part IX, column (A), line 294,478. 272,719. 30,226 Revenue less expenses Subtract line 18 from line 12 21,479. Beginning of Current Year **End of Year** 20 **175,133** 230,652. Total assets (Part X, line 16) 21 57,606. 91,646. Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 139,006. Signature Block Part Under penalties of pertury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign Signature of officei Here BRUCE LYON (PRESIDENT) Type or print name and title Preparer's signature Check if self-Print preparer's name Date romo employed ▶ □ P00296526 THOMAS E. **JENNINGS** Firm's EIN ▶ 59-2136691 THOMAS **JENNINGS** E. Paid Firm's name Phone no TWO EAST LAKE HOWARD DRIVE Preparer Firm's address WINTER HAVEN (863) 294-3568 33881 🔀 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) . . Form 990 (2015)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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ŗą	Partill Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in Part III			
_		<u> </u>	• •	
	Briefly describe the organization's mission: CREATING HIGH QUALITY JOBS THROUGH THE EXPANSION OF EXISTING			
	BUSINESSES AND INDUSTRY AND BY ATTRACTING NEW BUSINESSES AND			
_	INDUSTRY TO THE WINTER HAVEN AREA.	_	_	
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:	The same organization of the same program for the same program to	es [J	No
		es [No
l 	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organization and 4947(a)(1) trusts are required to report the amount of grants and allocation others, the total expenses, and revenue, if any, for each service reported			
	a (Code ⁻) (Expenses \$ including grants of \$) (Revenue \$)
	DEVELOPED PROMOTIONAL MATERIALS TO IMPROVE THE ORGANIZATION			
	IN THE COMMUNITY AND FOSTER EXPANSION OF EXISTING BUSINESS A			
	ATTRACT NEW HIGH-SKILL, HIGH WAGE BUSINESS AND INDUSTRY: EXPAND JOB OPPORTUNITIES FOR WINTER HAVEN RESIDENTS; BROADEN THE			
	BASE AND ENHANCE RELATIONSHIPS WITH LOCAL, REGIONAL, STATE, N			
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	Other program convices (Describe in Schedule O.)			
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•	(Expenses \$ including granst of \$)(Revenue \$) ■ Total program service expenses ▶			
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	,		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 instruction)?	. 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			
	for public office? If "Yes," complete Schedule C, Part 1	. 3	<u> </u>	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_	l	1
5	Is the organization a Section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assesments, 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 accounts where donors have the right to provide			
	advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schdule D, Part I	6	l	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the			
-	environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
_	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation			
	services? If "Yes," complete Schedule D, Part IV	9	ŀ	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,			
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI,	7		7
• •	VII, VIII, IX, or X as applicable			4.4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete	36.5	1000	74
а	·	11a	x	
b	Schedule D, Part VI	110		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of	11b		x
_	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	115		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		x
-4	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	114		7.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footenote that addresses	امما	' I	7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
l2a	Did the organization obtain separate, independent audited financial statements for the year? If "Yes," complete		.	
	Schedule D, Part XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Part XI, XII, and XIII is optional	12b		
3	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		X
b	Did the organization have aggeregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		}	
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or		J	
	entity located outside the Unitied States? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to	((ļ	
	individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_		<u>X</u>
7	Did the organization report 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>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,]]	Ì	
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
9	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	1	<u> </u>
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			162	140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21]	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			Ī —
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principle 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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4) and 501(c)(29) organizations. Did the organization engage in an excess benefit			ļ
	transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			1
	and that the transaction has not been reported on any of the organization's prior Form 990 or 990EZ? If "Yes,"			
	complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ļ		
	complete Schedule L, Part I	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			•
	contributor, or employee the reof, a grant selection committee member, or to a 35% controlled entity or a family			
	member of any of these persons? If "Yes," complete Schedule L, Part III	27	कुर प्रवट्ट	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L,	6.3		ye.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-	<i>X</i> **5	<u> </u>
a	A current or former officer, director, trustee, or key employee? if "Yes," complete Schedule L, Part IV	28a		_X_
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule	005		v
_	L, Part IV	28b		X
С	An entitiy of which a current or former officer, director, trustee, key employee (or a family member therof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		_	
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section			
	301 7701–2 and 301 7701–3? If "Yes," complete Schedule R, Part I	33	_ }	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV,			
	and V, line 1	34		X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	ľ		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that		ļ	
	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	}	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) WINTER HAVEN ECONOMIC DEVELOPMENT Part VI Statements Regarding Other IRS Filings and Tax Compliance

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? If "Yes," did the organization notify the doner of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org file a Form 1098–C? Sponsoring organizations malintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11a Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response to any question in this Part V	• •		<u></u> [
be Enter the number of Forms W-2c michaded in Line 1s. Enter -0- if not applicable Old the organization comply with backing witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Statements filed for the calendar year entering with or within the year covered by this return. Statements filed for the calendar year entering with or within the year covered by this return. Note: If the sum of lines is and 2s a greater than 250, you may be required to a file in strutur (see instructions) Note: If the sum of lines is and 2s a greater than 250, you may be required to a file in strutur (see instructions) If I 'Yes,' see it the strutur (see instructions) If I 'Yes,' see it the strutur (see instructions) If I 'Yes,' see it the strutur (see instructions) See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit arry complication for exceptible that were normally greater than \$100,000, and did the organization solicit arry complications for exceptible than exceptible as chartistate contributions and party for goods and services provided to the payor arrangement in a excess of \$75 made party as a combibution and party for goods and services provided to the payor arrangement in a excess of \$75 made party as a combibution and party for goods and services provided to the payor arrangement in a excess of \$75 made party a	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
to the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wages and Tax 2 Enter the number of employees reported on Form W-3, Transmittal of Wages and Tax 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 3 In the sum of lines 14 and 24 is greater than 250, you may be required to e-file this return (see instructions) 4 If "Yes," has a file of the forage pounty 15 is a bar to the form an analy an analysis of the foragen 250 is a bar to the foragen 250 is a bar to the foragen 250 is a bar to the foragen 250 is a party to a prohibited tax enhancer 15 is a party to a prohibited tax enhancer 15 is a party to a prohibited tax enhancer 15 is a party to a prohibited tax enhancer 15 is a party to a prohibited tax enhancer 15 is a party to a prohibited 25 is a party to a prohi		· · · · · · · · · · · · · · · · · · ·			r
Statements filed for the calendar year ending with or within the year covered by this return 2 a Enter the number of employees reported on Form W-3, Transmittal of Wages and Tax Statements filed for the calendar year ending with or within the year covered by this return 3 b If a least one is reported in 2a, did the organization file all required federal employment its returns? Note: If the sum of lines it and 2a is greater than 250, you may be required to e-life instructions) 3 b Ob the organization have unrelated business gross income of \$1,000 or more during the year? 4 a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 5 b If "Yes," enter the name of the foreign country ▶ 5 see the instructions for exsplions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5 b Did any taxable party noity the organization that it was or is a party to a prohibited tax effects that explicit is a party to a prohibited tax shefter transaction as solic any contributions that were not tax deductible as charitable contributions? 5 c If "Yes," to 3 cor 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a V Y Corpanization she than y receive deductible as charitable contributions? 7 c Organization she than y receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the doner of the value of the goods or services provided? 9 c Did the organization she may receive deductible contributions under section 170(c). 9 c Did the organization she may receive deductible contributions under section 170(c). 9 d If "Yes," indicate					1
Statements filed for the catendar year ending with or within the year covered by this return Statements General Statements Gen			1c		
b If at least one is reported in 2a, did the organization file all required federal employment tax returns? Ab If "Ves," has it filed a Form 300-T for this year? If "No," provide an explanation in Schedule O 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wages and Tax			1
Note: If the sum of lines 1a and 2a is greater than 250, you may be moured to e-flie this return (see instructions) 3		Statements filed for the calendar year ending with or within the year covered by this return 2.			
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4a If "Yes," has it field a Form 990—T for this year? If "No," provide an explanation in Schedule O 4b At any time during the calander year, did the organization have an interest in, or a signature or other authority over, a hinancial account in a foreign country (such as a bank account, securities account, or other financial account? 4b If "Yes," there the name of the foreign country ▶ 5c ethe instructions for exeptions and filing requirements for Form TD F90—22.1. Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization in a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross recepts that are normally greater than \$100,000, and old the organization solicit any combibutions at were not tax decletible as chariable contributions? 5c Unit "Yes," do the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6a Was the organization that may receive deductible contributions under section 170(c). 7b Organizations that may receive deductible contributions under section 170(c). 7c Under the organization netty the donor of the value of the goods or services provided? 7c Was the organization netty the donor of the value of the goods or services provided? 7c Was the organization received a contribution of organization that number of Forms 8282 filed during the year. 7d Was the organization received a contribution of deal property, did the organization free the party of the organization received a contribution of deal property, did the organization received a contribution of deal property, did the organization free the form 8699 as required to the organization make any taxable distributions under section 4969? 9a Did the organization meetic or shareholders 1b O	b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has if field a Form 990-T for this year? If "No." provide an explanation in Schedule O At any time during the calander year, did the organization have an interest in, or a signature or other authority over, a hinancial account in a foreign country (such as a bank account, securities account, or other financial accountry? Be the inentiactions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See the inentiactions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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By Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? It "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 11a 11b 12a 12b		•			. ,
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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	1				
amounts due or received from them) 2a Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 3b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3c Section 501(c)(29) qualified nonprofit health insurance issuers. 3a Is the organization licensed to issue qualified health plans in more than one state? 3b Note. See the instructions for additional information the organization must report on Schedule O 3c 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	а	Gross income from members or shareholders			
Section 4947(a)(1) Non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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	þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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					
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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	2a		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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	b				8
Note. See the instructions for additional information the organization must report on Schedule O 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	3				. <u>'</u> ,
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	а		13a		
organization is licensed to issue qualified health plans	h	·			
c Enter the amount of reserves on hand	_				
Did the organization receive any payments for indoor tanning services during the tax year?	c				
	_		14a		X
	_				

"No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 35 Enter the number of voting members of the governing body at the end of the tax year 1a 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Scheule O h 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? . . 5 X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who may elect one or more members of the 7a 7a governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?... X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Service Code) Yes Nο X 10a Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates b and branches to ensure their operations are consistent with those of the organization's exempt purposes? 11 Has the organization provided a copy of the Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, the organization uses to review the Form 990 b Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to b X conflicts? . c Does the organization regularly and consistently monitor and enforce compliance with policy? If "Yes," Describe in 12c X Schedule O how this is done . X Does the organization have a written whistleblower policy? 13 13 X Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 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 with a 16a 16a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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 ▶ FL 17 IRC Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply ▼ Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how), the organization makes 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 See schedule

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

orm 990 (201	<u>-, </u>			DEVELOPMENT	45-3154152 Page 7
Part VII	Compensatio	n of Offic	cers, Director	s, Trustees, Key Em	ployees, Highest Compensated
	Employees, a	and Indep	endent Cont	ractors	

Check if Schedule O contains a response to any questions 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. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	· ·					(D)	(E)	(F)	
Name and Title	Average hours per week (describe hours for related org below line)	Pod u d v s i t r d e e c a e c t i o r	l t n r s u t s ı t	O f f c e r	K e y e m p i o y e e	tapply) He mgp hi esy te co mp	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W~2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DR EILEEN HOLDEN	1	<u> </u>	 	-	-	 				
PRESIDENT]		X				0	0	(
(2) STEVEN ELIAS	1			32				0		
VICE PRESIDENT				X			l	0	0	C
(3) CINDY PRICE	1			₹.				0	0	
SECRETARY		1		X		İ		0	0	(
(4) NICOLE IRBY	1			x				0	0	
TREASURER				^				L		C
(5) MERLE BISHOP	1	X						0	0	(
DIRECTOR		4								
(6) INGRAM LEEDY	1	x						0	0	
PAST CHAIR									_	
(7) STEVE BOYINGTON	1	x		1				o	o	C
DIRECTOR										
(8) MIKE COMPTON	_1	x		İ				0	o	C
DIRECTOR										
(9) JAKE CREWS	1	x						اها	o	C
DIRECTOR										
(10)BRYAN KARSKY	1	x				i i		o	o	O
DIRECTOR										
(11)JEFF KINCART	11	x						ol	o	C
DIRECTOR										
(12)GREG LITTLETON	1	x						o	o	O
DIRECTOR										
(13)MAGGIE MARIUCCI	11	x						o	0	0
DIRECTOR								<u> </u>		
(14)STEVEN NIERMAN	1	x						o	0	0
DIRECTOR		Λ				L I		١		

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Form **990** (2015)

Total number of independent contractors (including but not limited to those listed above) who received more

than \$100,000 in compensation from the organization

Continuation Sheet for Form 990, Part VII

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. Name of the Organization Employer Identification number WINTER HAVEN ECONOMIC DEVELOPMENT 45-3154152 Continuation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part **Employees** (A) (B) (C) (D) (E) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per week compensation compensation amount of from related other from m compensation organizations s u t s g P h I r m the d (W-2/1099-MISC) from the organization (W-2/1099-MISC) organization е s t and related organizations m Р 1 CONLEY THORNHILL X 0 0 0 DIRECTOR 1 LARRY D. TUCKER X 0 0 0 DIRECTOR 1 JIMMY WALLER X 0 0 0 DIRECTOR 1 BARRIE BLOOM X 0 0 0 DIRECTOR 1 CATHY KLUYTENAAR X 0 0 0 DIRECTOR 1 TONY BOYD X 0 0 0 **DIRECTOR** 1 ADRIAN JONES X 0 0 0 DIRECTOR 1 TODD DANTZLER X 0 0 0 DIRECTOR 1 WILL CARSON X 0 0 0 DIRECTOR 1 JEFF DONALSON X 0 0 0 DIRECTOR

	ny question in this Part		··· · · · · · · · · · · · · · · · · ·	. (5)
	(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business	(D) Revenue Excluded fro Tax under IR
Contributions, gifts, grants and other similar amounts		Revenue	Revenue	512-514
1a Federated campaigns . 1a	_			
b Membership Dues				
c Fundraising events 1c	-			•
d Related organizations . 1d	- 			
e Government grants (contributions) 1e 149,000 f All other contributions, gifts, grants,	-			
& similar amounts not included above				
g Noncash contributions included in In 1a-1f \$				
h Total. Add lines 1a-1f	▶ 149,000.	}		
Program Service Revenue Business Code				
2a BOARD MEMBER DUES 926110	145,000.		0.	145,00
b				
c				
d				
e				
f All other program service revenue	117 100		0.	
	▶ 145,000.			
3 Investment income (including dividends, interest and				
other similar amounts)	68.			
4 Income frm investment of tax-exempt bond proceeds 5 Royalties				
(i) Real (ii) Personal				
6a Gross Rents				
b Less rental expenses				ø
C Rental income or (loss)				
d Net rental income or (loss)				
7a Gross amount from (i) Securities (ii) Other				, ,
sales of assets other than inventory	_	1		
b Less costor other basis and sales			1	۲ "
expenses . ,	- ,	1		
Gain or (loss)				
d Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·		
8a Gross amount from fundraising events (not including \$				
of contributions reported on line 1c)				,
See Part IV, line 18 , a			Ì	
b Less. direct expenses b				
c Net income or (loss) from fundraising events	•			
9a Gross income from gaming activities.				
See Part IV, line 19 a		4	-	. 3
b Less: direct expenses b				
c Net income or (loss) from gaming activites				
10a Gross sales of inventory, less				- -
returns and allowance a	4			
b Less cost of goods sold . b c Net income or (loss) from sales of inventory				 -
				
Miscellaneous Revenue Business Code	130.			13
	130.			13
b	 			
d All other revenue	 			
e Total. Add lines 11a-11d .	130.			
G TOTAL AUG IIIOS TIA-TIU				
	1	1	1	

	Section 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a response to any question				
	Do not include amounts reported on line 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				3,5
	organizations in the U.S. See Part IV, line 21	1000			
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See				1. 美麗養養
	Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees				
	and key employees	143861		 	
6	Compensation not included above, to disqualifed persons				
	(as defined under section 4958(f)(1)) and persons				
	described in section 4958(c)(3)(B)		 _	 	
7	Other salanes and wages	43046		 	
8	Pension plan contributions (include section 401(k) and				
	section 403(b) employer contributions)	5191		 	
9	Other employee benefits			 	
10	Payroll taxes	13720		 	
11	Fees for services (non-employees) ⁻	1		1	
а	Management		<u> </u>	 	
b	Legal			+	
C	Accounting · ·	6120		 	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
е	Professional fudraising See Part IV, line 17		<u> </u>	<u> </u>	
f	Investment management fees			+	
g	Other (If line 11g amount exceeds 10% of line 25,	2000			
	col (A) amount, list line 11g expenses on Schedule O)	3000		 	
12	Advertising and promotion	1531		 	
13	Office Expenses	1551		 	
14	Information technology			 	
15	Royalties	12756		 	
16	Occupancy	12/30		 	
17	Travel			 	
18	Payments of travel or entertainment expenses for any				
19	Federal, state or local public officials			 	
20	Conferences, conventions, and meetings			 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	933			
23	Insurance	2796			
24	Other expenses-itemize expenses not covered above				
	(List miscellaneous expenses in line 24e If line 24e			·	
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on schedule ()				
а	AUTO MILEAGE	174			
b	BUSINESS DEVELOPMENT	6819			
C	COMPUTER EXP/WEB HOSTING	2847			
d	DUES AND SUBSCRIPTIONS	661			
е	All other expenses	28218			
<u> 25</u>	Total functional expenses.Add lines 1 through 24e	272719			
26	Joint Costs. Check ▶ ☐ If following SOP 98-2			T	
	(ASC 958-720) Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation	ŀ		1	

	ITI:X				
		Check if Schedule O contains a response to any question in this Part X .	 	·	<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	147,271.	1_	197,019.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	25,000.	3_	30,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			2 V (8)
		trustees, key employees, and highest compensated employees Complete			
	1	Part II of Schedule L		5_	
ł	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			
Α		contributing employers and sponsoring organizations of section 501(c)(9)			
S		voluntary employees' beneficiary organizations (see instructions). Complete	·		
S		Part II of Schedule L		6	
E	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges	819.	9	1,769.
}	10 a	Land, buildings, and equipment cost or other 10a 9,187.			
1		basis Complete Part VI of Schedule D Less accumulated depreciation	2,043.	100	1 964
ļ			2,043.	10c	1,864.
	11	Investments-publicly-traded securities		12	
1	12	Investments-other securities See Part IV, line 11		13	
- 1	13	Investments-program-related See Part IV, line 11		14	
- 1	14	Intangible assets	 	15	
	15 16	Other assets. See Part IV, line 11 Total assets. Add 1 through 15 (must equal line 34)	175,133.	16	230,652.
7	17	Accounts payable and accrued expenses	10,939.	17	19,979.
	18	Grants payable	10/333.	18	13,3,3,
	19	Deferred revenue	46,667.	19	71,667.
뉘	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
7		Payables to current and former officers, directors, trustees, key employees,			
니		highest compensated employees, and disqualified persons Complete		1	
ŤΙ		Part II of Schedule L .		22	
Ė		Secured Mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
-	25	Other liabilities (including federal income tax, payables to related third			
Į		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
_		Total liabilities. Add lines 17 through 25	57,606.	26	91,646.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🄀 and complete lines 27 through 29, and lines 33 and 34.			
FUZD	27	Unrestricted net assets	93,701.	27	134,580.
וא		Temporarily restricted net assets	23,826.	28	4,426.
- 1		Permanently restricted net assets		29	
BALAN		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ă		complete lines 30 through 34.			
Ā		Capital stock or trust principal, or current funds		30	
, M		Paid-in or capital surplus, or land, building, and equipment fund		31	
CES		Retained earnings, endowment, accumulated income, or other funds		32	
' S		Total net assets or fund balances	117,527.	33	139,006.
- 1	34	Total liabilites and net assets/fund balances	175,133.	34	230,652.

Form 990	(2015) WINTER HAVEN ECONOMIC DEVELOPMENT	45-3154	152	Page 1
Part X	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		[
	Total revenue (must equal Dert VIII), equipme (A), line 10)	1.1	204	100
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, <u>198</u>
2	Total Expenses (must equal Part IX, column (A), line 25)	2		<u>,719</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,479</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	<u> </u>	<u>,527</u>
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6		
7	Investment expenses	7		
8	Prior period adjustments.	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at the end of year Combine lines 3 through 9 (Must equal Part X, line	1		
ræ	33, column (B))	10	139	,006
Part X	<u>. </u>			_
	Check if Schedule O contains a response to any question in this Part XII	<u></u> .	<u></u>	<u> [</u>
			(F	Yes No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_ ,	1 4 4
	If the organization changed its method of accounting from a prior year or checked "Other," explain i	n Schedule O.	<u> </u>	- 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]]]
	reviewed on a separate basis, consolidated basis, or both		ŀ	
	Separate basis Consolidated basis Both consolidated and separate base	515	- 1	
þ	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 or	ı a	-	
	separate basis, consolidated basis, or both		1	
	Separate basis Consolidated basis Both consolidated and separate basis	SIS		
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant? .		. 2c	X
	If the organization changed either its oversight process or selection process during the tax year, exp	lain ın		3
	Schedule O		2	- 14-V
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th 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	go the required		
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>. </u>	. Зь	_ L
BA Copy	rright 2015 Saxon Tax Software		Form 9	90 (2015

Schedule C (Form 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form

5768 (election under section 501(h)). For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the	T (a)	I	(b)	
lobbying activity	Yes	No		Amoun	t
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa				
a Volunteers?	 			VALUE !	罗基 恒
b Paid staff or managment (include compensation in expenses reported on lines 1c through 1i)?	·		ļ		
c Media advertisements?	·	ļ			
d Mailings to members, legislators, or the public?	·				
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other similar means?					
i Other activities?		100 V 2 100 V 100			
Total lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		5	19.70		
b If "Yes," enter the amount of any tax incurred under section 4912					
		4 1975 1 1			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		18 F &	COMP. 67877	e. Mayara	17° - 36 \ 18°
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III—A Complete if the organization is exempt under section 501(c)(4),	section				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	section			, or	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	section			, or	es No
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Partill—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	section), or Y	es No
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Partill—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobby expenditures of \$2,000 or less?	· ·), or Y	es No X
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Partill—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobby expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	· ·	on 50)1(c)(5)), or	es No
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Partill—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobby expenditures of \$2,000 or less?	sectio	on 50	01(c)(5)	, or Y	es No X
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Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affilated group list), Part II-A, lines 1 and 2 (see separate instructions); and Part II-B, line 1 Also, complete this part for any additional information

WINTER HAVEN ECONOMIC DEVELOPMENT

45-3154152

Schedule D (Form 990) 2015 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (Continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): d Loan or exchange programs Public exhibition b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, ot other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ... Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? If "Yes," explain why in Part XIII and complete the following table: **Amount** Beginning balance 1d Additions during the year . 1e Distributions during the year . 1f Ending Balance . . Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (b) Prior year (a) Current year (C) Two years back (d) Three years back 1a Beginning of year balance Contributions Net Investment earnings, gains, and Grants or scholarships. Other expenditures for facilities and programs .. Administrative expenses End of year balance Provide the estimated percentage of the year end balance (line 1g) held as Board designated or quasi-endowment > ___ Permanent endowment > ____ Temporarily 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 Yes No organization by: 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations If "Yes" to 3a (II), are the related organizations listed as required on Schedule R? Describe in Part XIV the inteneded uses of the organization's endowment funds Land, Buildings, and Equipment Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 (b) Cost or other Description of Investment (a) Cost or other basis (c) Depreciation (d) Book value basis (other) Land . . Buildings Leasehold improvements. 9,187 323 1,864 Equipment .

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

1,864

Schedule D	/Earm	0001	2016
ochequie D	(FOIIII	330)	2010

le D (Form 990) 2015			45-3154152 Page	4
	Reconciliation of Revenue per	Audited Financial Statements	With Revenue per Return	

Pa	Reconciliation of Revenue per Audited Financial Statements With Reve	nue p	per Return
1	Total revenue, gains and other support per audited financial statements	1	294,198.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities]	
C	Recoveries of prior year grants]	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	294,198.
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	1	
b	Other (Describe in Part XIII)	1 1	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	294,198.
Ŗā	Reconciliation of Expenses per Audited Financial Statements With Exp	ense	per Return
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	r	
1	Total expenses and losses per audited financial statements	1	272,719.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1	
b	Prior year adjustments		
c	Other losses	ļ	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 .	3	272,719.
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)		
е	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	272,719.

Part XIII Supplemental Information

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

Schedule O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990–EZ) and its instructions is at www.irs.gov/forms990

OMB No. 1545-0047

2015

Open to Public

Name of the organization

WINTER HAVEN ECONOMIC DEVELOPMENT

Part IX, Line 24 - Other Expenses

Employer identification number 45-3154152

Part VI, Line 11b - Process used by the organization to review this 990 return
THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO BEING FILED.

Part VI, Line 12c - Monitoring and enforcement of conflict of interest policy THE BOARD DISCLOSES ANY RELATIONSHIPS BY FILLING OUT A CONFLICT OF INTEREST FORM BY MEMBERS ON AN ANNUAL BASIS.

Part VI, Line 19 - How Org. makes Documentation, Policies & Statements public GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Part VI, Section C, Line 20 - Person in charge of books and records

JULIE SANDS (863)837-5280

TELEPHONE

401 AVE B NW WINTER HAVEN, FL 33881

Program Management services Description & general Fundraising Total 95. **EVENTS** 19,400. GRANT EXPENSES MEETINGS 4,664. 977. PAYROLL PROCESSING FEES 92. POSTAGE AND DELIVERY 55. PRINTING

Totals: 0. 0. 0. 28,218.

2,935.