Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2015

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. 1512

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2015 calenda	ar year, or tax year beginning January 1 , 2015, and ending D	ecember	31, , 20 15
В	heck if ap	oplicable	C Name of organization D En	ıployer ıd	lentification number
$\square$	Address c	hange	59-3266799		
	Name cha	•	lephone n	umber	
$\overline{}$	Initial retur	rn rn/terminated	32	21-637-6310	
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	roup Exe	mption
=		n pending	Cocoa, FL 32922 N	umber I	<b>&gt;</b>
G A	Account	ing Method	☐ Cash	< ▶ 🗸	if the organization is not
I V	Vebsite	: ► <u>www.</u>			ach Schedule B
J T	ax-exen	npt status (che	ck only one) —   501(c)(3) □ 501(c) ( )   (Insert no.) □ 4947(a)(1) or □527 (Form	990, 99	0-EZ, or 990-PF).
KF	orm of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	s	
(Par	t II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	74,201.84
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr		
		Check if	the organization used Schedule O to respond to any question in this Part I		🗸
	1	Contribution	ins, gifts, grants, and similar amounts received	1	19,680.68
	2		ervice revenue including government fees and contracts	2	0.00
	3	Membersh	p dues and assessments	3	0.00
	4	Investment		4	0.00
	5a		unt from sale of assets other than inventory	ю	
	b		or other basis and sales expenses	100	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) $\ldots$	5c	0.00
	6		d fundraising events		
d)	а		ome from gaming (attach Schedule G if greater than		
Ž			00		
Revenue	b	Gross inco			
ď			aising events reported on line 1) (attach Schedule G if the		
			h gross income and contributions exceeds \$15,000) 6b 34,49	<u>i4</u>	
			t expenses from gaming and fundraising events 6c 8,343.		,
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac		
	7-	,		6d	26,110.13
	l -		s of inventory, less returns and allowances	_	
	b		of goods sold		
	С 8		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		22,067.16
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	0.00
	10		similar amounts paid (list in Schedule O)	10	65,857.97
	11		and to or for members	11	0.00
()	12		her compensation, and employee benefits	12	5848.55
JSe	13		al fees and other payments to independent contractors .p.r. Co. s. 1. 2017.	13	0.00
Expens	14		rent, utilities, and maintenance DEC 1 2017 .	14	0.00
EX	15		iblications, postage, and shipping	15	0.00
	16		nses (describe in Schedule O) OGDEN, UT	16	63,208.05
	17		nses. Add lines 10 through 16	17	69,056.60
<u>"</u>	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)	18	3,198.63
šet	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		3,130.03
Ass			r figure reported on prior year's return)	19	3,956.95
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)	20	0.00
Z	21		or fund balances at end of year. Combine lines 18 through 20	21	11,102.19
For	Paperv		on Act Notice, see the separate instructions. Cat No 10642I		Form <b>990-EZ</b> (2015)

		, 5 · 115				
Pa	Balance Sheets (see the instructions			5		F7
	Check if the organization used Schedule	e O to respond to ar	ny question in this		•	· · · · · · · · · · · · · · · · · · ·
			-	(A) Beginning of year	1	(B) End of year
22	Cash, savings, and investments			3,956.95		11,102.19
23	Land and buildings			0.00		0.00
24	Other assets (describe in Schedule O)			0.00		0.00
25	Total assets			3,956.95		<u>11,102.19</u>
26	Total liabilities (describe in Schedule O)			0.00		0.00
27	Net assets or fund balances (line 27 of column			3,956.95	27	11,102.19
Par		•		•		Evanasa
	Check if the organization used Schedule			Part III 🔽	/Re	Expenses guired for section
Wha	is the organization's primary exempt purpose?	Community Program	s Benefiting Minors		501	(c)(3) and 501(c)(4)
	ribe the organization's program service accompl					anizations, optional for
	easured by expenses. In a clear and concise n		e services provided	i, the number of	oth	ers.)
pers	ons benefited, and other relevant information for e	· •				
28	The organization supports community programs su			rtment's Annual		
	Toy Drive, and Outreach Events for Children. Over	1,000 people benefit fr	om this program.			
		·····				
	(Grants \$ 2,500.00) If this amount	t includes foreign gra	nts, check here .	🕨 🗌	28	a 20,980.91
29	Police Athletic League - sporting, educational, and o	outreach activities for	children. 100 childre	en benefit from		
	this program.					
		t includes foreign gra			29	a 15,102.45
30	Benevolence activities for victims of crimes, childre	n, and citizens and co	mmunity training an	d workshops.		
	Over 100 people benefit from this program.					
	***					
		t includes foreign gra			30	a 14,642.36
31	Other program services (describe in Schedule O)					[
	(Grants \$ 0.00) If this amount	t includes foreign gra	nts, check here .	<u> ▶ □</u>	31	a 18,330.88
	Total program service expenses (add lines 28a				32	
Par					nstru	ictions for Part IV)
	Check if the organization used Schedule	e O to respond to ar				<u> L</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits,	ee (e	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	1	other compensation
		develor to position	(If not paid, enter -0-)	deferred compensation	n	
David	Lightholder, President	.]				
		5	(	)	0	0
Mich	nel Cantaloupe, Director	_]				
		4		)	0	0
Eric	Austin, Treasurer	_			-	
		4	(		0	0
Ralp	Perrone, Director	_]		ł		
		2		)	0	0
LeRo	y Darby, Director	_}				
		2	(	)	0	0
Matti	ew Furher, Director					
		2			0	0
						-
		<u></u>				
					T	
		1				
		1			$\top$	
	•••••••••••••••••••••••••••••••••••••••	7				
		<del>                                     </del>			$\top$	
		7				
				<u> </u>	$\top$	
		-1				

450

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part vy Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	24		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		/
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<b>✓</b>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 0.00			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>✓</b>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>/</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Florida			_
42a	••••••	321-63		0
b	Located at ► 1226 W. King Street, Cocoa, FL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	32	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>√</b>
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
44:			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		<b>/</b>

Accomplete the tables for incomplete Schedule C and the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C, Part I	Form 99	90-EZ (20	015)							Page 4
to candidates for public office? If "Yes," complete Schedule C, Part I									Yes	No
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization sed Schedule O to respond to any question in this Part VI	46 `	Did th	ie organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposit	tion [		_
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  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  B is the organization make any transfers to an exempt non-charitable related organization?  B if "Yes," was the related organization as escition 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee paid over \$100,000 .  Total number of other employees paid over \$100,000 .  (b) Total number of other employees paid over \$100,000 .  (c) Ream benefits, consideration of the organization of the organization of the organization of the organization of the organization. If there is none, enter "None."  (d) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and business address of each independent contractors are none, enter "None."  (f) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of other independent contractors each receiving over \$100,000 .  (g) Total number of ot		to car	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I			. 1	46	✓_
So and 51. Check if the organization used Schedule Q to respond to any question in this Part VI  17 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  18 Is the organization a school as described in section 170(b)(1)(A)(II) #1 "Yes," ormplete Schedule E  19 Did the organization as school as described in section 170(b)(1)(A)(II) #1 "Yes," ormplete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(III) #1 "Yes," ormplete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(III) #1 "Yes," ormplete Schedule E  10 Did the organization as the organization of the organization. The organization. If there is none, enter "None."  10 Name and tritle of each employee organization of the organization of the organization. If there is none, enter "None."  11 Total number of other employees paid over \$100,000 .  12 Complete this stable for the organization. If there is none, enter "None."  13 Total number of other employees paid over \$100,000 .  14 Total number of other employees paid over \$100,000 .  15 Complete this stable for the organization. If there is none, enter "None."  16 Total number of other employees paid over \$100,000 .  16 Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  18 Total number of other independent contractors each receiving over \$100,000 .  19 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedu	Part '	VI :	Section 501(c)(3) organizations	only						
Check if the organization used Schedule O to respond to any question in this Part VI      Ves   No			All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	id 52, and	d complete th	e table	s for li	nes
Ves No   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule E   Ves			50 and 51.							
Ves No   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule C, Part II   Ves   Vesar? If "Yes," complete Schedule E   Ves			Check if the organization used Sch	nedule O to respond	I to any question i	n this Par	t VI			
Separation   Se			<u> </u>	•	, <u>, , , , , , , , , , , , , , , , , , </u>		-		Ye	s No
Separation   Se	47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	fect during the	tax [		1
Did the organization make any transfers to an exempt non-chantable related organization?   39a								1	47	<b>/</b>
Did the organization make any transfers to an exempt non-chantable related organization?   39a	48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." comple	te Schedu	le E	. [4	48	1
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization in form the organization in the org	49a							. 4	9a	1
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    (a) Name and title of each employee   (b) Average hours per week devoted to position of the position	b		=		_			_	9b	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average to peasition  (c) Reportation  (c) Reportation  (d) Health bineries,  (e) Reportation  (f) Compensation  (f) Test and deferred compensation  (e) Reportation  (f) Reportation  (g) Reportation  (g	50								istees a	nd key
(a) Name and title of each employee   D3 Average   (a) Reportable compensation   (b) Estimated amount of other compensation   (c) Estimated amount of other										
(a) Name and stitle of each employee devoted to position   forms W-2/1099-MISC)   compensation			· · · · · · · · · · · · · · · · · · ·		1					
None.    Total number of other employees paid over \$100,000 . ▶   Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    (a) Name and business address of each independent contractor   (b) Type of service   (c) Compensation		(a) l	Name and title of each employee		compensation	bonofit i				
f Total number of other employees paid over \$100,000 . ▶    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    (a) Name and business address of each independent contractor   (b) Type of service   (c) Compensation				devoted to position	(Forms W-2/1099-MIS	37 31 1 1 1 1 1 1		0.1101	Compone	4
f Total number of other employees paid over \$100,000 . ▶    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    (a) Name and business address of each independent contractor   (b) Type of service   (c) Compensation	None.			<del> </del>						
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer			••••••							
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer					-					
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer	f	Total	number of other employees paid over	er \$100.000	. ▶					
\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None.  d Total number of other independent contractors each receiving over \$100,000 .   52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A .   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than othicer) is based on all information of which preparer has any knowledge  Sign  Print/Type or print name and title  Preparer  Use Only  Firm's address > Preparer's signature  Preparer   Date   Check   if   PTIN   self-employed   PTIN   Self-e						ent contra	 ctors who eacl	h recen	ved mo	re than
d Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Note: All section 501(c)(3) organizations must attach a completed Schedule A . Note: All section 501(c)(3) organizations must attach a complete Department of the present of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Department of preparer (other man officer) is based on all information of which preparer has any knowledge  Sign										
d Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Note: All section 501(c)(3) organizations must attach a completed Schedule A . Note: All section 501(c)(3) organizations must attach a complete Department of the present of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Department of preparer (other man officer) is based on all information of which preparer has any knowledge  Sign		(2)	Name and husiness address of each independ	ent contractor	(h) Type of	service	lc.	) Compe	nsation	
d Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					(-, -, -, -, -, -, -, -, -, -, -, -, -, -				_	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	None.				]					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				•••••	]					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					]					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					_					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				· · · · · · · · · · · · · · · · · · ·	1					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					L					
Completed Schedule A			-	=		.▶				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Price Austin, Treasurer Type or print name and title  Preparer's preparer's name  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name  Firm's name  Firm's address  Phone no	52			ıle A? <b>Note:</b> All se	ection 501(c)(3) o	ganızatıoı	ns must attac		–	٦
Sign Here    Signature of officer   Date		comp	leted Schedule A		· · · · · ·		· · · ·	.▶⊔	Yes ∟	No
Sign Here    Signature of officer   Date								nowledge	e and beli	ef, it is
Sign   Signature of officer   Date		nect, and	d complete Declaration of preparer (other than	Torricer) is based on all init	Unitation of which prepa		1 - 1 -		Y	
Here    Eric Austin, Treasurer   Type or print name and title   Paid   Preparer's name   Preparer's signature   Date   Check   if self-employed   Firm's name   Firm's name   Firm's address   Phone no   Phone no   Phone no   Properties   P	Sian		- Cust	<u> </u>				401		
Type or print name and title  Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶  Firm's address ▶  Phone no							Date			
Paid Preparer Use Only Firm's name  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed Firm's name Firm's address  Proparer's signature  Preparer's signature  Preparer's signature  Prim's signature  Prim's signature  Prim's signature  Prim's name Firm's name Preparer's signature  Prim's signature  Prim's name Preparer's signature  Prim's name Prim's n	пете			<del></del> .	· <del>-</del>		<del></del>			
Paid Preparer Use Only Firm's name ▶ Firm's address ▶			· · · · · · · · · · · · · · · · · · ·	Preparer's signature		Date		1 P	TIN	
Use Only  Firm's name ► Firm's EIN ►  Firm's address ► Phone no			Prinu Type preparer's name	, reparer y signature		Juic	·	J If		
Firm's address ▶ Phone no	•		Front				<del></del>	-,-u		
	Use	Only	-							
	May th	he IRS		r shown above? See	instructions		rnone no	<b>▶</b> □	Yes 「	1 No

### 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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

lame	me of the organization Employer identification number								
Coc	ocoa Community First, Inc. 59-3266799								
	rt Reason for Public Chari						ns.		
he 1 2 3	organization is not a private foundation of church, convention of church A school described in section 1  A hospital or a cooperative hosp	es, or association 1 <b>70(b)(1)(A)(ii).</b> (A	on of churches descril Attach Schedule E (Fo	bed in <b>sec</b> orm 990 or	tion 170 990-EZ	)(b)(1)(A)(i). ).)			
4	A medical research organization						ii). Enter the		
•	hospital's name, city, and state:		.,,,				•		
5									
6 7	An organization that normally redescribed in section 170(b)(1)(a	eceives a subst <b>A)(vi).</b> (Complete	antial part of its supp e Part II.)	oort from a			the general public		
8									
9	An organization that normally receipts from activities related support from gross investmen acquired by the organization after the control of	to its exempt f it income and er June 30, 197	functions—subject to unrelated business t 5. See <b>section 509(a</b>	certain exactle incomp (2). (Comp	ception ome (le olete Pa	es, and (2) no more ess section 511 tax rt III.)	than 331/3% of its		
10	☐ An organization organized and o								
11	An organization organized and o one or more publicly supported the box in lines 11a through 11d	organizations de	escribed in section 50	9(a)(1) or	section	509(a)(2). See section	on 509(a)(3). Check		
a		tion operated, s the power to re	supervised, or controlligularly appoint or elec	led by its s	upporte	d organization(s), ty	pically by giving		
t	Type II. A supporting organization control or management of the organization(s). You must control to the control organization organization organization.	supporting org	anization vested in th						
c	ts supported organization(s) (						/ integrated with,		
c	Type III non-functionally integra that is not functionally integra requirement (see instructions)	ted. The organiz	zation generally must	satisfy a d	ıstrıbutı	on requirement and			
•	Check this box if the organiza functionally integrated, or Typ						I, Type III		
f									
	Provide the following information	-	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the org listed in your docum	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)	_								
(C)									
(D)									
(E)					<u> </u>				

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

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

Secti	on A. Public Support		-	•	•		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						450 000 77
_	include any "unusual grants.")	0	27,753.07	37,281.81	37,633.21	54,134.68	156,802.77
2	Tax revenues levied for the					1	
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities	0	0	0	0	0	0
3	furnished by a governmental unit to the						
	organization without charge	o	ام	o	0	ا	0
4	Total. Add lines 1 through 3	0	27,753.07	37,281.81	37,633.21	54,134.68	156,802.77
5	The portion of total contributions by				<b></b>		
J	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		:				0.00
6							156,802.77
6 Secti	Public support. Subtract line 5 from line 4.  on B. Total Support						130,302.17
	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	27,753.07	37,281.81	37,633.21	54,134.68	156,802.77
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business	0	0	0	0	0	0
y	activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	22,067.16	0
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	178,869.93
13	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop he			<u> </u>			🕨 🗌
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line					14	70 % 100 %
15 16a	Public support percentage from 2014 Sch 33 <sup>1</sup> /3% support test—2015. If the organi					15 now more of	
IVa	box and <b>stop here.</b> The organization qua						
b	331/3% support test—2014. If the organ	-		_			
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "f	015. If the orga	inization did no and-circumsta	ot check a box nces" test, che	on line 13, 16	nd <b>stop here.</b> E	line 14 is Explain in
_	organization						, ▶ 🔲
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the	"facts-and-ci	rcumstances"	test, check th	nis box and <b>st</b>	op here.
	supported organization						. ▶ □
18	<b>Private foundation.</b> If the organization di instructions						
	- · · · · · · · · · · · · · · · · · · ·						

Part		stions Dosor	ibad in Sacti	on 500(a)(2)			rage 3
r ar t	(Complete only if you checked the				zation failed	to qualify und	er Part II
	If the organization fails to qualify						ci i die ii.
Section	on A. Public Support	under the te	sis listed beit	Jw, piease co	inplete i art		
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2011	(6) 2012	(6) 2015	(4) 2014	(6) 2013	(1) 10141
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	<u> </u>			<del></del>	<del>- / -  </del>	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		l			·	
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				.'	1	
	to or expended on its behalf	(			,	[	
5	The value of services or facilities				7		
•	furnished by a governmental unit to the			,	ľ		
	organization without charge			/			
6	Total. Add lines 1 through 5	ļ					
	Amounts included on lines 1, 2, and 3			/-	· <del>-</del>		
	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		/			ŀ	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from		/				
	line 6.)						
Section	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2011 /	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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				1		l l	
	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/					
	section 511 taxes) from businesses acquired after June 30, 1975 /						
	section 511 taxes) from businesses acquired after June 30, 1975	/					
	section 511 taxes) from businesses acquired after June 30, 1975						
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11 12 13	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b				or fifth town		a E01(a)(2)
c 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11 12 13 14	section 511 taxes) from businesses acquired after June 30, 1975	re				ear as a sectio	
11 12 13 14 Section	section 511 taxes) from businesses acquired after June 30, 1975	re rt Percentag	e				. ▶ □
11 12 13 14 Section 15	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d	e ivided by line	13, column (f))		15	. ▶ □
11 12 13 14 Section 15 16	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part	e Ivided by line				. ▶ □
11 12 13 14 Section 15 16 Section 15	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	rt Percentag 8, column (f) d hedule A, Part come Perce	e ivided by line III, line 15 . ntage	13, column (f))		15	. ► □
11 12 13 14 Section 15 16 Section 17	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur	e ivided by line III, line 15 ntage nn (f) divided b	13, column (f))		15 16	. ► □  %  %
11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 4 Schedule A,	e ivided by line III, line 15 ntage nn (f) divided b	13, column (f))	mn (f))	15 16	. ► □  %  %  %  %
11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	rt Percentag 8, column (f) d hedule A, Part icome Perce (line 10c, colur 4 Schedule A, nization did not	e ivided by line III, line 15 ntage nn (f) divided be Part III, line 17 check the boo	y line 13, colu	mn (f))	15 16 17 18 nore than 331/39	
11 12 13 14 Section 15 16 Section 17 18	section 511 taxes) from businesses acquired after June 30, 1975	rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 4 Schedule A, nization did not and stop here	e ivided by line III, line 15 ntage nn (f) divided be Part III, line 17 check the boo. The organizati	oy line 13, colu x on line 14, a	mn (f))	15 16 17 18 nore than 331/34 ported organizat	

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

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Mairie C	or the organization					Employer identific	auon number
Cocoa	Community First, Inc.					59-	3266799
Par	Eundrajaina Astivitias				vered "Yes" on F		
1	Indicate whether the organization				······································	hook all that analy	
		on raised funds					
а	☐ Mail solicitations		e L		on of non-govern	•	
b	Internet and email solicitation	ons	f L		on of government	grants	
C	Phone solicitations		g 🗹	Special f	undraising events	ł	
d	☐ In-person solicitations		_	·	•		
<b>2</b> a	Did the organization have a wri						
h			-				
J	If "Yes," list the ten highest pair compensated at least \$5,000 by			uraisers) pi	ursuant to agreem	ients under which ti	le lundraiser is to be
		<u>,</u>					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		-	Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
10							
Total				•			
3	List all states in which the orga	nization is regis	stered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
•	registration or licensing.	inzation is regit	stored or no	crisca to s	oner contribution	o or has been noun	ed it is exempt from
Florid	a						•••••
						•••••	
						· · · · · · · · · · · · · · · · · · ·	
·							

		gross receipts greater that	ın \$5,000.			_
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ø)			Dinner Event (event type)	Breakfast Event (event type)	Golf Tournament (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	6,981	19,920	7,553	34,454
Œ	2	Less: Contributions Gross income (line 1 minus	0	0	0	0
	Ļ	line 2)	6,981	19,920	7,553	34,454
	4	Cash prizes	0	0	О	0
	5	Noncash prizes	0	o	0	0
enses	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages	1,137.28	1,268.36	79.76	2,485.40
Direct	8	Entertainment	1,975	0	0	1,975
	9	Other direct expenses .	1,555.99	825.00	1,592.40	3,973.39
Pa	10 11 irt		act line 10 from line 3, co	olumn (d)		8,433.79 26,020.21 reported more
			Un_L/ line 6a			•
eune		than \$15,000 on Form 9	90-E∠, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			(c) Other gaming	(d) Total gaming (add
	1 2				(c) Other gaming	(d) Total gaming (add
		Gross revenue			(c) Other gaming	(d) Total gaming (add
	2	Gross revenue			(c) Other gaming	(d) Total gaming (add
Direct Expenses Revenue	3	Gross revenue  Cash prizes  Noncash prizes			(c) Other gaming	(d) Total gaming (add
	3 4	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs			(c) Other gaming  Yes % No	(d) Total gaming (add
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	(a) Bingo  Yes%  No	bingo/progressive bingo  Yes%  No	□ Yes%	(d) Total gaming (add
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	(a) Bingo  Yes % No	Yes % No	☐ Yes% ☐ No	(d) Total gaming (add
	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act	(a) Bingo  Yes % No  Id lines 2 through 5 in cory. Subtract line 7 from lines ganization conducts ga	yes % No  Dlumn (d)	☐ Yes% ☐ No	(d) Total gaming (add col (a) through col (c))

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

scneau	le G (Form 990 or 990-EZ) 2015
11	Does the organization conduct gaming activities with nonmembers?
12 `	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party   If "Yes," enter name and address of the third party.
С	in res, enter hame and address of the third party.
	Name ▶
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	•••••
	······································
	······································

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Cocoa Community First, Inc.	59-3266799					
Part I(16) - other expenses are operating expenses for thrift store. Revenues support community prog	rams. Goods sold are donated.					
Part III (31) - other program services include operating expenses for thirft store.						
<u></u>						