

## Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **07/01/15**, and ending **06/30/16**

**23-7376943**

### Crosswinds Youth Services, Inc.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>3,590,622</b></u>
<b>Revenue</b>		
Contributions	<u><b>3,268,216</b></u>	
Program service revenue		
Investment income	<u><b>3,622</b></u>	
Capital gain / loss	<u><b>695</b></u>	
Fundraising / Gaming:		
Gross revenue	<u><b>115,951</b></u>	
Direct expenses	<u><b>28,031</b></u>	
Net income	<u><b>87,920</b></u>	
Other income	<u><b>0</b></u>	
<b>Total revenue</b>		<u><b>3,360,453</b></u>
<b>Expenses</b>		
Program services	<u><b>2,731,990</b></u>	
Management and general	<u><b>206,058</b></u>	
Fundraising	<u><b>124,371</b></u>	
<b>Total expenses</b>		<u><b>3,062,419</b></u>
<b>Excess / (deficit)</b>		<u><b>298,034</b></u>
Changes		<u><b>5,608</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>3,894,264</b></u></u>

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<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	<u><b>3,455,924</b></u>
Less:	
Unrealized gains	<u><b>5,608</b></u>
Donated services	<u><b>61,832</b></u>
Recoveries	
Other	<u><b>28,031</b></u>
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u><u><b>3,360,453</b></u></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	<u><b>3,152,282</b></u>
Less:	
Donated services	<u><b>61,832</b></u>
Prior year adjustments	
Losses	
Other	<u><b>28,031</b></u>
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u><u><b>3,062,419</b></u></u>

<b>Balance Sheet</b>			<b>Differences</b>
	<b>Beginning</b>	<b>Ending</b>	
Assets	<u><b>4,662,499</b></u>	<u><b>4,979,994</b></u>	
Liabilities	<u><b>1,071,877</b></u>	<u><b>1,085,730</b></u>	
Net assets	<u><u><b>3,590,622</b></u></u>	<u><u><b>3,894,264</b></u></u>	<u><b>303,642</b></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date **02/15/17**  
Failure to file penalty \_\_\_\_\_

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.****2015****Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**Crosswinds Youth Services, Inc.****23-7376943**

Name and title of officer

**Jan Lokay  
President and CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>		b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b <b>3,360,453</b>
2a Form 990-EZ check here	<input type="checkbox"/>		b Total revenue, if any (Form 990-EZ, line 9)		2b _____
3a Form 1120-POL check here	<input type="checkbox"/>		b Total tax (Form 1120-POL, line 22)		3b _____
4a Form 990-PF check here	<input type="checkbox"/>		b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b _____
5a Form 8868 check here	<input type="checkbox"/>		b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Whittaker Cooper Financial Group to enter my PIN 76943 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_

Date } **02/02/17****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**59698111111**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } \_\_\_\_\_

Date } **02/02/17**

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Crosswinds Youth Services, Inc.</b>		<b>D</b> Employer identification number <b>23-7376943</b>
	Doing business as		<b>E</b> Telephone number <b>321-452-0800</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>1407 Dixon Blvd.</b>	Room/suite	<b>G</b> Gross receipts\$ <b>3,389,335</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Cocoa FL 32922</b>		

<b>F</b> Name and address of principal officer: <b>Jan Lokay</b> <b>1407 Dixon Blvd.</b> <b>Cocoa FL 32922</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>www.crosswindsyouthservices.org</b>	<b>H(c)</b> Group exemption number <b>U</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>U</b>	<b>L</b> Year of formation: <b>1974</b>	<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>64</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,887,313</b>	<b>3,268,216</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-58,284</b>	<b>4,317</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>72,685</b>	<b>87,920</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,901,714</b>	<b>3,360,453</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,929,336</b>	<b>2,036,212</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> <b>124,371</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,058,827</b>	<b>1,026,207</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,988,163</b>	<b>3,062,419</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-86,449</b>	<b>298,034</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,662,499</b>	<b>4,979,994</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,071,877</b>	<b>1,085,730</b>
		<b>3,590,622</b>	<b>3,894,264</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <b>Jan Lokay</b>	Date _____
	Type or print name and title <b>President and CEO</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Richard D. Sutter, CPA</b>	Preparer's signature _____
	Date <b>02/02/17</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00265703</b>
Firm's name } <b>Whittaker Cooper Financial Group</b>		Firm's EIN } <b>59-2977986</b>
Firm's address } <b>1692 West Hibiscus Boulevard</b> <b>Melbourne, FL 32901</b>		Phone no. <b>321-723-3352</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**See Schedule O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **2,731,990** including grants of \$ ) (Revenue \$ )

**A range of services, including but not limited to, emergency children's shelter, transitional housing, assessment, individual and family counseling, case management, independent living skills, educational and employment assistance, life and social skills, civil citation for young misdemeanor offenders, outreach, information and referral for at-risk youth and their families.**

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4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 2,731,990**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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 I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>U</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:

**Jan Lokay** **1407 Dixon Blvd** **FL 32922** **321-452-0800**  
**Cocoa**



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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jan Lokay ..... President and CEO	40.00 ..... 0.00			X				145,238	0	0
(2) Greg Crews ..... Chair	1.00 ..... 0.00			X				0	0	0
(3) Summit Shah ..... Vice Chair	1.00 ..... 0.00			X				0	0	0
(4) Charles Nash ..... Treasurer	1.00 ..... 0.00			X				0	0	0
(5) Sheriff Wayne Ivey ..... Secretary	1.00 ..... 0.00			X				0	0	0
(6) Robert Lehton ..... Past Chair	1.00 ..... 0.00	X						0	0	0
(7) Nina Gadodia ..... Director	1.00 ..... 0.00	X						0	0	0
(8) Mitchell Goldman ..... Director	1.00 ..... 0.00	X						0	0	0
(9) James Handley ..... Director	1.00 ..... 0.00	X						0	0	0
(10) Rear Admiral Wayne Justice ..... Director	1.00 ..... 0.00	X						0	0	0
(11) Alison Malone ..... Director	1.00 ..... 0.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Jack Parker</b>										
.....	1.00									
Director	0.00	X					0	0	0	
(13) <b>Dara Cunnion Pauley</b>										
.....	1.00									
Director	0.00	X					0	0	0	
(14) <b>Andrew Walters</b>										
.....	1.00									
Director	0.00	X					0	0	0	
(15) <b>Thomas Weinberg</b>										
.....	1.00									
Director	0.00	X					0	0	0	
(16) <b>Stockton Whitten</b>										
.....	1.00									
Director	0.00	X					0	0	0	
(17) <b>Shannon Wilson</b>										
.....	1.00									
Director	0.00	X					0	0	0	
(18) <b>Susan Hammerling</b>										
.....	1.00									
Director	0.00	X					0	0	0	
<b>1b Sub-total</b>							<b>145,238</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>145,238</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b> 8,617			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> 2,814,706			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 444,893			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	25,150			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 3,268,216			
	<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>		
<b>b</b> .....					
<b>c</b> .....					
<b>d</b> .....					
<b>e</b> .....					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f		<b>u</b>			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 3,622	3,622	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>			
	<b>5</b> Royalties	<b>u</b>			
	<b>6a</b> Gross rents	(i) Real (ii) Personal			
	<b>b</b> Less: rental exps.				
	<b>c</b> Rental inc. or (loss)				
	<b>d</b> Net rental income or (loss)	<b>u</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,546		
	<b>b</b> Less: cost or other basis & sales exps.	851			
	<b>c</b> Gain or (loss)	695			
	<b>d</b> Net gain or (loss)	<b>u</b> 695	695		
	<b>8a</b> Gross income from fundraising events (not including \$ 8,617 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 115,951			
	<b>b</b> Less: direct expenses	<b>b</b> 28,031			
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b> 87,920			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
<b>Miscellaneous Revenue</b>	<b>11a</b> .....	<b>Busn. Code</b>			
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> All other revenue				
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>			
	<b>12 Total revenue.</b> See instructions.	<b>u</b> 3,360,453	4,317	0	0

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,238		137,976	7,262
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,485,347	1,331,324	101,639	52,384
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,620	62,558	11,259	2,803
9 Other employee benefits	198,631	162,176	29,188	7,267
10 Payroll taxes	130,376	106,448	19,159	4,769
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,000		10,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	41,593	615	40,949	29
12 Advertising and promotion	14,810	3,440	10,959	411
13 Office expenses	46,060	28,394	16,905	761
14 Information technology				
15 Royalties				
16 Occupancy	107,707	75,633	18,321	13,753
17 Travel	51,024	36,920	13,373	731
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,985	12,269	716	
20 Interest	49,764		49,764	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152,658	125,162	15,684	11,812
23 Insurance	63,035	53,213	6,264	3,558
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Youth Expenditures</b>	124,208	124,208		
b <b>Repairs &amp; Maintenance</b>	111,628	96,811	12,602	2,215
c <b>Program Food</b>	108,442	108,442		
d <b>Communications</b>	53,265	45,807	6,421	1,037
e All other expenses	79,028	358,570	-295,121	15,579
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,062,419	2,731,990	206,058	124,371
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	65,454	1	72,885
	2	Savings and temporary cash investments	96,086	2	295,181
	3	Pledges and grants receivable, net	267,114	3	380,472
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,306	9	18,184
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,062,803		
	b	Less: accumulated depreciation	10b 1,994,045	10c 4,083,307	4,068,758
	11	Investments—publicly traded securities	124,593	11	131,875
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,639	15	12,639
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,662,499	16	4,979,994	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	85,902	17	131,358
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	985,975	23	954,372
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,071,877	26	1,085,730
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	3,518,266	27	3,681,905
	28	Temporarily restricted net assets		28	134,781
	29	Permanently restricted net assets	72,356	29	77,578
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	3,590,622	33	3,894,264	
34	<b>Total liabilities and net assets/fund balances</b>	4,662,499	34	4,979,994	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,360,453</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,062,419</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>298,034</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>3,590,622</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>5,608</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>3,894,264</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>X</b>	

**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.

Ⓛ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Crosswinds Youth Services, Inc.**

Employer identification number

**23-7376943**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) $\cup$	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,145,843	3,104,673	2,801,388	2,887,313	3,268,216	15,207,433
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	3,145,843	3,104,673	2,801,388	2,887,313	3,268,216	15,207,433
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						15,207,433

**Section B. Total Support**

Calendar year (or fiscal year beginning in) $\cup$	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3,145,843	3,104,673	2,801,388	2,887,313	3,268,216	15,207,433
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,394	2,489	2,695	2,703	3,622	13,903
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						15,221,336

12 Gross receipts from related activities, etc. (see instructions) 12 119,573

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.91 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.92 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) $\cup$	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) $\cup$	(a) 2011	(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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	<b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	<b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>				
<b>Section D - Distributions</b>			<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2015 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b>	Distributable amount for 2015 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2015:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	From 2013 .....			
<b>e</b>	From 2014 .....			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2015 distributable amount			
<b>i</b>	Carryover from 2010 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2015 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2015 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>	Excess from 2013 .....			
<b>d</b>	Excess from 2014 .....			
<b>e</b>	Excess from 2015 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Crosswinds Youth Services, Inc.

Employer identification number

23-7376943

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** 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):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations 

	Yes	No
<b>3a(i)</b>		
  - (ii)** related organizations 

	Yes	No
<b>3a(ii)</b>		
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 

	Yes	No
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>318,729</b>		<b>318,729</b>
<b>b</b> Buildings .....		<b>5,295,110</b>	<b>1,587,927</b>	<b>3,707,183</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>448,964</b>	<b>406,118</b>	<b>42,846</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <input type="checkbox"/>				<b>4,068,758</b>



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,455,924
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,608	
b	Donated services and use of facilities	2b	61,832	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	28,031	
e	Add lines 2a through 2d	2e	95,471	
3	Subtract line 2e from line 1	3	3,360,453	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,360,453	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,152,282
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	61,832	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	28,031	
e	Add lines 2a through 2d	2e	89,863	
3	Subtract line 2e from line 1	3	3,062,419	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,062,419	

**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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FIN 48 Footnote**

Crosswinds Youth Services, Inc. is a charitable organization that is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Crosswinds Youth Services Inc. has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions as provided in Section 170(b)(1)(A)(vi). The Organization accounts for income taxes in accordance with FASB ASC 740, Income Taxes, which clarifies the accounting and disclosure requirements for uncertainty in tax positions. It requires a two-step approach to evaluate tax positions and determine if they should be recognized in the financial statements. The two-step approach involves recognizing any tax positions that are more likely than not to occur and

**Part XIII Supplemental Information** (continued)

then measuring those positions to determine if they are recognizable in the financial statements. Management regularly reviews and analyzes all tax positions and has determined that no uncertain tax positions requiring recognition have occurred. The Organization is no longer subject to federal or state income tax examinations by tax authorities for fiscal years before June 30, 2012.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	28,031

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	28,031

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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.

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**Crosswinds Youth Services, Inc.**

Employer identification number

**23-7376943**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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							

**Total** ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Duck Race</u> (event type)	<u>Derby</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	109,868	14,700	124,568
	2	Less: Contributions	7,917	700	8,617
	3	Gross income (line 1 minus line 2)	101,951	14,000	115,951
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	27,331	700	28,031
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				87,920

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, 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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Crosswinds Youth Services, Inc.**

Employer identification number

**23-7376943**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <input type="checkbox"/> ( )	<b>X</b>	<b>3</b>	<b>25,150</b>	
26 Other <input type="checkbox"/> ( )				
27 Other <input type="checkbox"/> ( )				
28 Other <input type="checkbox"/> ( )				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

☐ Attach to Form 990 or 990-EZ.

☑ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****Open to Public  
Inspection****Crosswinds Youth Services, Inc.**

Employer identification number

**23-7376943****Form 990 - Organization's Mission**

Crosswinds Youth Services creates opportunities for young people to succeed - embodies the organization's primary goal of helping young people in crisis to reach their full potential. This mission is realized through programs designed to strengthen families, reduce barriers to success, and provide young people with support, safety, and opportunity.

**Form 990, Part III - Additional Information**

With a commitment to helping runaway, homeless, and other young people in crisis, the organization now known as Crosswinds Youth Services was incorporated in Brevard County in 1974. That year, Crosswinds opened its first program - an emergency children's shelter. Over 42 years later, Crosswinds, a private, nonprofit 501(c)(3) organization, has grown to become a leading provider of youth services in the area, offering a wide variety of programs for young people and their families. Crosswinds is accredited by the Council on Accreditation (COA) for achieving the highest standards of professional practice for its services. COA's program of quality improvement is designed to identify providers that have set high performance standards and have made a commitment to their constituents to deliver the very best quality services. Crosswinds is a fiscally stable organization with a strong infrastructure in place. Both the organization and the youth and families that use its services benefit from exceptional community support and vital collaborative partnerships.

Robert E. Lehton Children's Shelter offers emergency shelter on demand, 24

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hours a day, 7 days per week for children under age 18 who have run away, are homeless, are awaiting foster care placement or in respite, or who are experiencing serious family or other crises. The program provides safe, supervised shelter; nutritious meals and snacks; and other basic necessities. The shelter also provides counseling and other supportive services for youth and their families.

Transitional Living Program (TLP) helps homeless youth ages 16-24 gain the resources and skills they need for self-sufficiency. The program provides transitional housing and supportive services, such as educational and employment assistance; assistance with securing permanent housing; counseling; and life skills training in budgeting, meal planning, health, and other topics.

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Community Counseling provides counseling and case management to vulnerable youth ages 6 -17 and their families. Counselors in this community-based program work with youth and families to find solutions to issues, such as school performance, hard to manage behaviors at home or in the community, truancy, runaway behaviors, and family conflicts.

Juvenile Assessment Center (JAC) is the central point of entry for coordinated service delivery for delinquent and at risk youth, as well as the central point of contact for law enforcement. The JAC's goal is to provide the youth and family with the timeliest intervention, which includes comprehensive assessment, referrals to Crosswinds and other community services, and life skills applications.

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Civil Citation is an innovative alternative to arrest for young people with certain misdemeanor offenses, which holds them accountable for their actions, while offering counseling and other timely services youth and their families need.

Independent Living Services (ILS) assists youth who are aging out of foster care in making a successful transition to independent adulthood with the goals of developing self-sufficiency and independent living skills and preparing each youth to enter the workforce and/or post-secondary education.

Street Outreach Program (SOP) targets homeless, runaway, and vulnerable youth and young adults through a mobile outreach team, who provide survival aid, such as food, clothing, and hygiene products, and distribute prevention and referral information for other needed services, with the goal of helping youth leave the streets.

Safe Place helps children get immediate assistance from Crosswinds by entering any one of over 100 Brevard businesses or public buildings displaying a Safe Place sign.

2015-2016 HIGHLIGHTS

-Crosswinds has an ongoing and very productive collaborative working relationship with Brevard County Public Schools, local law enforcement and many other community agencies.

-Training programs for direct care staff continue to be enhanced and

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standardized. This has stabilized the Robert E. Lehton Children's Shelter workforce and enhanced retention.

-Crosswinds programs successfully passed all audits and monitorings by Federal and state agencies in 2016.

-Crosswinds continues to meet a significant gap in the continuation of services. Due to several reasons, the Department of Children and Families has not been able to recruit and license foster homes at a rate needed and has relied on Crosswinds to take in foster care youth for much longer periods of time.

-All programs successfully achieved all benchmarks for the fiscal year as set by their contracts. Crosswinds continues to be accredited by the Council on Accreditation through May 2019.

-A successful financial audit has been completed for the 2015-2016 fiscal year and auditors issued no management letter as required by A.G. Rule Section 10.656(3)(e), because there were no findings required to be reported.

-The new Board-created signature fundraising event, "Clue at the Zoo", in its second year, was planned by Board members with participation by the Law Enforcement Academy of Eastern Florida State College, local law enforcement agencies, and Central Florida Crimeline.

-Crosswinds was generously supported for the third consecutive year by

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Rockledge Rotary Club through their 2016 Space Coast Derby Day event.

-The 18th Annual Great Brevard Duck Race in April 2016 generated a net profit of \$80,828, an increase of 16% over 2015.

-Volunteers and intern initiatives continue to enhance the shelter program and JAC. Volunteers help increase staff flexibility, ensure safe exits, enhance capacity, and expand outreach in the community. University and college partnerships also enhance staff capacity, providing the shelter program with master's-level Mental Health Counseling and Social Work interns. Several nursing students provided workshops for the youth. Several employee groups did projects on the campus, including a local aerospace firm whose employees and friends began providing quarterly volunteer support for maintenance and the Duck Race. The number of volunteers for the Duck Race increased.

-Crosswinds continues to successfully negotiate increased bed night reimbursement rates from the Department of Children and Families that more adequately address the costs of providing the required services.

-Numbers of youth served in the shelter decreased to 288 from 331 the prior year, while the total number of care days increased slightly more than 5% as compared to the prior year, 7378 and 7003 respectively, reflecting an increase of about a week in the average length of stay per youth. Numbers of youth served increased in non-residential counseling to 235 from 220 and in Independent Living to 196 from 148. Almost 700 youth were served in the Juvenile Assessment Center during the year.

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-Funding for replacement HVAC systems in the Shelter and the Handley Center was received and the systems installed. Funding was provided by the Brevard County Housing Finance Authority and Brevard County SHIP.

-Furniture, furnishings and linens in the Shelter bedrooms were replaced through generous gifts from Lockheed Martin Employees Foundation, Boeing Employees Community Fund, Rockwell Collins, PFS Foundation, and a cookbook project created by a local Girl Scout Troup.

-Other major grants were received from the Wells Fargo Foundation, Southeastern Grocers Foundation, and the Bank of America Charitable Foundation.

COPY

-Crosswinds' programs continued to strengthen and reunite families and help young people move toward a successful future, as shown in these sample outcomes:

\*99% of families were reunited after a youth's stay in the emergency shelter.

\*96% of youth, six (6) months after exiting the shelter, remained in an appropriate environment through case management and service linkages received during their stay in the shelter.

\*92% of the delinquent/high risk youth receiving comprehensive services from the Juvenile Assessment Center (JAC) had not re-offended six (6)

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months after services were completed.

\*98% of youth and families reported referrals or service linkages received through the JAC were helpful.

\*100% of the youth in the Crosswinds Independent Living Services program were not experiencing homelessness during services.

\*98% of youth completing the residential Transitional Living Program maintained permanent housing for six (6) months after program exit.

\*Youth in the civil citation program did not re-offend 92% of the time after one year.

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RECOGNITION AND AWARDS:

Crosswinds has been recognized on the national, state, and local level for quality programs and management, as shown in the examples below:

\*In 2016, Karen Locke, Chief Operating Officer, was named to the national Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) Advisory Board.

\*In August 2015, Crosswinds was recognized as the "Member of the Month" by the Florida Network of Youth and Family Services.

\*In 2014, Crosswinds was selected to receive one of the prestigious

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Central Florida Humanitarian Awards given annually in Brevard County.

\*In 2014, Crosswinds was named a "Best Care Provider" by the Florida Network of Youth and Family Services.

\*Crosswinds was recognized as the Non-Profit Organization of the Year for 2013 by the Titusville Area Chamber of Commerce.

\*In 2011, Jan Lokay, President/CEO, received the Lifetime Achievement Award from the Southeastern Network of Youth and Family Services.

\*In 2010, Crosswinds received a national Substance Abuse and Mental Health Services Administration (SAMHSA) Award.

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\*In 2007, Crosswinds was named Non-Profit Agency of the Year by the Melbourne/Palm Bay Chamber of Commerce.

\*Also in 2007, Jan Lokay, President/CEO, received the Mary Jane Dewey Leadership Award from the Southeastern Network of Youth and Family Services.

\*In 2003, Crosswinds received the Agency of the Year award from the National Network for Youth after being judged the "best organization in America serving runaway, homeless, or other youth in crisis." As a result of this award, Crosswinds was recognized on the floor of the United States Congress in Washington D.C. Additionally, the Florida Cabinet approved a Cabinet Resolution recognizing Crosswinds' achievement, and proclamations



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were issued by the Brevard County Board of County Commissioners and the City of Palm Bay.

\*In 2003, Crosswinds was named Organization of the Year by Brevard County's major newspaper FLORIDA TODAY and received the Data Integrity award from the Florida Network of Youth and Family Services.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 990 is reviewed and approved by members of the Board of Directors, as well as the Chief Financial Officer and President/Chief Executive Officer before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflicts of interest are resolved by the board of directors with the person having the conflict of interest forfeiting their right to vote.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of key management must have full board approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers Compensation of key management must have full board approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Direct fundraising expenses included as \$ 0

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**a reduction of revenue on return** \$ **28,031**

**Direct fundraising expenses included as** \$ **0**

**a reduction of revenue on return** \$ **-28,031**

COPY

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

⤵ Attach to your tax return.

⤵ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**

Attachment Sequence No. **179**

**Crosswinds Youth Services, Inc.**

Identifying number  
**23-7376943**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>148,955</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	<b>3,706</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>152,661</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2015)

23-7376943

## Federal Asset Report

FYE: 6/30/2016

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
61	Paper Shredder	2/10/94	126				126	7	HY 200DB	126	0
63	Computer workstation	2/10/94	195				195	7	HY 200DB	195	0
109	Table	6/15/95	70				70	7	HY 200DB	70	0
114	Table	6/14/95	332				332	7	HY 200DB	332	0
134	GE Refrigerator	6/28/95	333				333	7	HY 200DB	333	0
135	GE Refrigerator	4/20/95	333				333	7	HY 200DB	333	0
136	GE Refrigerator	4/20/95	299				299	7	HY 200DB	299	0
148	(12) Dell Computers	6/30/00	17,844				17,844	5	HY 200DB	17,844	0
152	Display Shelves	9/28/99	1,498				1,498	7	HY 200DB	1,498	0
153	Sign	9/28/99	555				555	7	HY 200DB	555	0
154	Air Conditioner Unit	9/10/99	2,850				2,850	7	HY 200DB	2,850	0
155	Carpet	6/30/00	4,491				4,491	5	HY 200DB	4,491	0
158	Dell Latitude CPX Pentium III Corr.	7/07/00	3,752				3,752	5	HY 200DB	3,752	0
159	Dell 866 GX Desktop Computer	3/09/01	5,475				5,475	5	HY 200DB	5,475	0
160	Dell Inspiron - Pentium ID	3/21/01	3,433				3,433	5	HY 200DB	3,433	0
161	Dell Inspiron 8000 - Pentium ID	3/23/01	4,716				4,716	5	HY 200DB	4,716	0
162	MAS 90 Software	4/24/01	6,906				6,906	5	HY 200DB	6,906	0
163	Computer	4/19/01	1,296				1,296	5	HY 200DB	1,296	0
164	(2) P3-667 EB Computers	8/31/00	1,930				1,930	5	HY 200DB	1,930	0
167	Dell Computer	3/12/01	1,368				1,368	5	HY 200DB	1,368	0
168	Dell Computer	3/12/01	1,368				1,368	5	HY 200DB	1,368	0
169	Dell Computer	1/31/01	1,250				1,250	5	HY 200DB	1,250	0
171	Network Buildings	9/26/00	1,406				1,406	5	HY 200DB	1,406	0
172	Peer to Peer Software	4/03/01	4,436				4,436	5	HY 200DB	4,436	0
173	Carpet	12/11/00	3,273				3,273	5	HY 200DB	3,273	0
174	Business Works Software	9/26/00	796				796	5	HY 200DB	796	0
175	Printer	2/08/01	1,380				1,380	5	HY 200DB	1,380	0
179	Computer Equipment	11/14/01	660			X	462	5	HY 200DB	660	0
180	Computer Equipment	6/19/02	1,051			X	736	5	HY 200DB	1,051	0
181	Lawn Tractor	9/19/01	3,216			X	2,251	5	HY 200DB	3,216	0
182	Pressure Washer	12/19/01	837			X	586	7	HY 200DB	837	0
183	Lawn Equipment	2/13/02	2,067			X	1,447	7	HY 200DB	2,067	0
184	Fencing	6/30/02	3,049			X	2,134	7	HY 200DB	3,049	0
186	(3)Dell Computers	5/23/02	3,036			X	2,125	5	HY 200DB	3,036	0
187	(3)Dell Computers	9/14/01	2,588			X	1,812	5	HY 200DB	2,588	0
188	Kitchen Equipment	6/27/02	14,309			X	10,016	7	HY 200DB	14,309	0
189	(2) Two Drawer Servers	1/17/02	870			X	609	5	HY 200DB	870	0
191	(2) Computers w/Printers	8/13/01	1,890				1,890	5	HY 200DB	1,890	0
192	(2) Computers	8/13/01	2,190				2,190	5	HY 200DB	2,190	0
195	Security System	4/23/02	1,992			X	1,394	7	HY 200DB	1,992	0
197	Two Door Refrigerator	10/29/01	2,180			X	1,526	7	HY 200DB	2,180	0
198	Two Door Freezer	10/19/01	2,700			X	1,890	7	HY 200DB	2,700	0
199	Hobart Range	10/19/01	2,410			X	1,687	7	HY 200DB	2,410	0
200	Commercial Dishwasher	10/19/01	4,000			X	2,800	7	HY 200DB	4,000	0
201	(2) Work Tables	10/19/01	476			X	333	7	HY 200DB	476	0
202	3 Compartment Sink	10/19/01	990			X	693	7	HY 200DB	990	0
203	Ice Maker	10/19/01	2,130			X	1,491	7	HY 200DB	2,130	0
205	Computer	2/19/03	1,496			X	1,047	5	HY 200DB	1,496	0
206	Electronic Equipment	9/11/02	1,048			X	734	5	HY 200DB	1,048	0
207	Fitness Equipment	3/31/03	4,759			X	3,331	7	HY 200DB	4,759	0
208	Printer	6/30/03	545			X	272	5	HY 200DB	545	0
209	Computers	8/13/02	4,780			X	3,346	5	HY 200DB	4,780	0
210	Computer	9/10/02	2,444			X	1,711	5	HY 200DB	2,444	0
211	Electronic Equipment	11/27/03	1,890			X	945	5	HY 200DB	1,890	0
212	(2) Computers	3/31/03	1,840			X	1,288	5	HY 200DB	1,840	0
213	(4) Computers	6/30/03	4,167			X	2,083	5	HY 200DB	4,167	0
214	Computer Equipment	6/30/03	1,861			X	930	5	HY 200DB	1,861	0
217	Dell Server	7/22/03	2,895			X	1,447	5	HY 200DB	2,895	0
221	Sign	10/24/04	698			X	349	7	HY 200DB	698	0
222	Major A/C Repair	5/23/05	4,618				4,618	7	HY 200DB	4,618	0
223	Major A/C Repair	12/13/04	1,645			X	822	7	HY 200DB	1,645	0
224	Dell Laptops	4/15/05	7,829				7,829	5	HY 200DB	7,829	0
225	Dell Laptop	6/14/05	907				907	5	HY 200DB	907	0
226	Dell Laptop	6/14/05	907				907	5	HY 200DB	907	0
227	Dell Laptop	6/14/05	907				907	5	HY 200DB	907	0
228	Generator	9/15/04	567			X	283	7	HY 200DB	567	0
229	Norton Software	5/13/05	1,959				1,959	5	HY 200DB	1,959	0
230	TV	6/29/05	330				330	5	HY 200DB	330	0

23-7376943

## Federal Asset Report

FYE: 6/30/2016

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
231	Furniture	12/13/04	540			X	270	7	HY 200DB	540	0
232	Metal Detector	9/21/04	3,560			X	1,780	7	HY 200DB	3,560	0
233	Security Cameras	10/06/04	11,060			X	5,530	7	HY 200DB	11,060	0
234	Sign	10/15/04	465			X	232	7	HY 200DB	465	0
235	Dell Computers	11/09/04	6,042			X	3,021	5	HY 200DB	6,042	0
236	Dell Computers	11/16/04	1,599			X	799	5	HY 200DB	1,599	0
237	Office Furniture	11/16/04	6,364			X	3,182	7	HY 200DB	6,364	0
238	Misc. Equipment	1/31/05	5,809				5,809	7	HY 200DB	5,809	0
239	Building Improvements	11/16/05	11,840				11,840	15	HY 150DB	7,995	699
241	Dell Computer	12/07/05	1,430				1,430	7	HY 200DB	1,430	0
242	Mobile Recording Equipment	9/19/05	2,850				2,850	7	HY 200DB	2,850	0
243	Carpet	5/31/06	3,317				3,317	7	HY 200DB	3,317	0
244	MAS Upgrade	5/19/06	1,245				1,245	7	HY 200DB	1,245	0
245	3 Dell Workstations	5/16/06	2,975				2,975	5	HY 200DB	2,975	0
246	2 Laptops with bags	9/15/05	1,953				1,953	5	HY 200DB	1,953	0
247	3 Dell Workstations	5/31/06	2,319				2,319	5	HY 200DB	2,319	0
248	HP Laser Printer	5/31/06	1,773				1,773	5	HY 200DB	1,773	0
251	Phone/Security System	5/29/07	48,116				48,116	5	HY 200DB	48,116	0
252	Chevy Van	11/15/06	29,008				29,008	5	HY 200DB	25,253	0
253	Dell Optiplex Computer	2/21/07	1,157				1,157	5	HY 200DB	1,157	0
254	Dell Optiplex Computer	2/21/07	1,157				1,157	5	HY 200DB	1,157	0
255	Color Laser Printer	1/18/07	1,419				1,419	5	HY 200DB	1,419	0
256	Projector	11/18/07	1,125				1,125	5	HY 200DB	1,125	0
257	Dell Laptop	1/18/07	1,930				1,930	5	HY 200DB	1,930	0
258	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
259	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
260	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
261	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
262	Dell210L	11/18/07	1,196				1,196	5	HY 200DB	1,196	0
263	Dell210L	11/18/07	1,196				1,196	5	HY 200DB	1,196	0
264	Dell210L	11/18/07	1,196				1,196	5	HY 200DB	1,196	0
265	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
266	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
267	Dell210L	11/18/07	1,196				1,196	5	HY 200DB	1,196	0
268	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
269	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
270	Dell210L	1/18/07	1,196				1,196	5	HY 200DB	1,196	0
273	Air Conditioner	4/21/08	2,450			X	1,225	7	HY 200DB	2,450	0
274	Building Imp. Rainwater	3/05/08	1,950			X	975	7	HY 200DB	1,950	0
275	Learning Center Furniture	6/10/08	2,207			X	1,103	7	HY 200DB	2,207	0
276	Computer Equipment	12/17/07	6,275				6,275	7	HY 200DB	6,275	0
278	RV for Outreach	5/12/09	16,025			X	8,012	5	HY 200DB	16,025	0
279	Camera for Outreach Van	7/18/08	1,773			X	886	5	HY 200DB	1,773	0
280	I MacComputer	12/11/08	2,877			X	1,438	5	HY 200DB	2,877	0
281	AC Repair	1/05/09	1,417			X	708	5	HY 200DB	1,417	0
282	(2) Washers	2/27/09	1,363			X	681	5	HY 200DB	1,363	0
283	Trane AC Unit	9/28/08	2,425			X	1,212	5	HY 200DB	2,425	0
290	1998 Ford Club Wagon	7/01/11	3,400			X	587	5	HY 200DB	2,813	391
291	AC Electrical Control System	1/01/13	4,060			X	2,030	7	HY 200DB	2,284	508
292	FIRE PANEL	1/01/13	3,965			X	1,982	7	HY 200DB	2,231	495
293	FLOORING	1/01/13	4,971			X	2,485	7	HY 200DB	2,797	621
294	2001 ECONOLINE VAN	1/21/12	5,167			X	2,583	5	HY 200DB	3,679	992
			<u>397,370</u>				<u>327,795</u>			<u>382,011</u>	<u>3,706</u>

**Other Depreciation:**

144	Land - 1417 Dixon - .531 acres	9/18/98	17,135				17,135	0	-- Land	0	0
145	Land - Dixon - 9.61 acres	9/18/98	301,595				301,595	0	-- Land	0	0
146	Building Improvements - Dixon	12/31/98	14,836				14,836	39	MO S/L	6,144	381
156	Buildings	1/08/02	1,431,075				1,431,075	39	MO S/L	493,843	36,694
157	Modular Building	11/08/02	1,119,300				1,119,300	39	MO S/L	386,254	28,700
204	Final Shelter Payment	7/01/02	12,608				12,608	39	MO S/L	4,189	324
240	Learning Center	5/04/06	76,592				76,592	39	MO S/L	15,957	1,964
249	New Roof - Clevenger	1/21/06	70,500				70,500	15	MO S/L	39,950	4,700
250	Building- Learning Center	6/30/07	1,036,320				1,036,320	39	MO S/L	212,578	26,573
271	Carpet- BoysTreatment Center	11/18/07	2,956				2,956	15	MO S/L	1,675	197
272	VAN (DONATED BY BREVARD)	2/01/07	5,500				5,500	5	MO S/L	5,500	0
277	Construction- Learning Center	4/30/08	1,365,352				1,365,352	39	MO S/L	252,357	35,009
284	Concrete work - Shelter	12/01/10	3,198				3,198	10	MO S/L	1,732	320
285	Holding Tank	6/14/10	4,066				4,066	7	MO S/L	2,953	581

23-7376943

**Federal Asset Report**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
286	Hobart Dishwasher	8/19/09	5,830			5,830	7 MO S/L	4,858	833
287	Hoshizaki Freezer	8/19/09	6,442			6,442	7 MO S/L	5,368	921
288	Hoshizaki Refrigerator	8/19/09	6,020			6,020	7 MO S/L	5,017	860
289	Vehicle wrapping RV	8/10/09	3,000			3,000	5 MO S/L	3,000	0
296	Phone equipment	12/31/13	45,000			45,000	5 MO S/L	18,000	9,000
297	Carrier AC - 40 ton	3/23/16	44,781			44,781	10 MO S/L	0	1,120
298	Trane HVAC Condensing & Evaporator uni	5/26/16	93,327			93,327	10 MO S/L	0	778
	<b>Total Other Depreciation</b>		<u>5,665,433</u>			<u>5,665,433</u>		<u>1,459,375</u>	<u>148,955</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,665,433</u>			<u>5,665,433</u>		<u>1,459,375</u>	<u>148,955</u>
	<b>Grand Totals</b>		6,062,803			5,993,228		1,841,386	152,661
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>6,062,803</u>			<u>5,993,228</u>		<u>1,841,386</u>	<u>152,661</u>

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23-7376943

**AMT Asset Report**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
61	Paper Shredder	2/10/94	0				0	0	HY	0	0
63	Computer workstation	2/10/94	0				0	0	HY	0	0
109	Table	6/15/95	0				0	0	HY	0	0
114	Table	6/14/95	0				0	0	HY	0	0
134	GE Refrigerator	6/28/95	0				0	0	HY	0	0
135	GE Refrigerator	4/20/95	0				0	0	HY	0	0
136	GE Refrigerator	4/20/95	0				0	0	HY	0	0
144	Land - 1417 Dixon - .531 acres	9/18/98	0				0	0	HY	0	0
145	Land - Dixon - 9.61 acres	9/18/98	0				0	0	HY	0	0
146	Building Improvements - Dixon	12/31/98	0				0	0	HY	0	0
148	(12) Dell Computers	6/30/00	0				0	0	HY	0	0
152	Display Shelves	9/28/99	0				0	0	HY	0	0
153	Sign	9/28/99	0				0	0	HY	0	0
154	Air Conditioner Unit	9/10/99	0				0	0	HY	0	0
155	Carpet	6/30/00	0				0	0	HY	0	0
156	Buildings	1/08/02	0				0	0	HY	0	0
157	Modular Building	11/08/02	0				0	0	HY	0	0
158	Dell Latitude CPX Pentium III Corr.	7/07/00	0				0	0	HY	0	0
159	Dell 866 GX Desktop Computer	3/09/01	0				0	0	HY	0	0
160	Dell Inspiron - Pentium ID	3/21/01	0				0	0	HY	0	0
161	Dell Inspiron 8000 - Pentium ID	3/23/01	0				0	0	HY	0	0
162	MAS 90 Software	4/24/01	0				0	0	HY	0	0
163	Computer	4/19/01	0				0	0	HY	0	0
164	(2) P3-667 EB Computers	8/31/00	0				0	0	HY	0	0
167	Dell Computer	3/12/01	0				0	0	HY	0	0
168	Dell Computer	3/12/01	0				0	0	HY	0	0
169	Dell Computer	1/31/01	0				0	0	HY	0	0
171	Network Buildings	9/26/00	0				0	0	HY	0	0
172	Peer to Peer Software	4/03/01	0				0	0	HY	0	0
173	Carpet	12/11/00	0				0	0	HY	0	0
174	Business Works Software	9/26/00	0				0	0	HY	0	0
175	Printer	2/08/01	0				0	0	HY	0	0
179	Computer Equipment	11/14/01	0				0	0	HY	0	0
180	Computer Equipment	6/19/02	0				0	0	HY	0	0
181	Lawn Tractor	9/19/01	0				0	0	HY	0	0
182	Pressure Washer	12/19/01	0				0	0	HY	0	0
183	Lawn Equipment	2/13/02	0				0	0	HY	0	0
184	Fencing	6/30/02	0				0	0	HY	0	0
186	(3)Dell Computers	5/23/02	0				0	0	HY	0	0
187	(3)Dell Computers	9/14/01	0				0	0	HY	0	0
188	Kitchen Equipment	6/27/02	0				0	0	HY	0	0
189	(2) Two Drawer Servers	1/17/02	0				0	0	HY	0	0
191	(2) Computers w/Printers	8/13/01	0				0	0	HY	0	0
192	(2) Computers	8/13/01	0				0	0	HY	0	0
195	Security System	4/23/02	0				0	0	HY	0	0
197	Two Door Refrigerator	10/29/01	0				0	0	HY	0	0
198	Two Door Freezer	10/19/01	0				0	0	HY	0	0
199	Hobart Range	10/19/01	0				0	0	HY	0	0
200	Commercial Dishwasher	10/19/01	0				0	0	HY	0	0
201	(2) Work Tables	10/19/01	0				0	0	HY	0	0
202	3 Compartment Sink	10/19/01	0				0	0	HY	0	0
203	Ice Maker	10/19/01	0				0	0	HY	0	0
204	Final Shelter Payment	7/01/02	0				0	0	HY	0	0
205	Computer	2/19/03	0				0	0	HY	0	0
206	Electronic Equipment	9/11/02	0				0	0	HY	0	0
207	Fitness Equipment	3/31/03	0				0	0	HY	0	0
208	Printer	6/30/03	0				0	0	HY	0	0
209	Computers	8/13/02	0				0	0	HY	0	0
210	Computer	9/10/02	0				0	0	HY	0	0
211	Electronic Equipment	11/27/03	0				0	0	HY	0	0
212	(2) Computers	3/31/03	0				0	0	HY	0	0
213	(4) Computers	6/30/03	0				0	0	HY	0	0
214	Computer Equipment	6/30/03	0				0	0	HY	0	0
217	Dell Server	7/22/03	0				0	0	HY	0	0
221	Sign	10/24/04	0				0	0	HY	0	0
222	Major A/C Repair	5/23/05	0				0	0	HY	0	0
223	Major A/C Repair	12/13/04	0				0	0	HY	0	0
224	Dell Laptops	4/15/05	0				0	0	HY	0	0

23-7376943

**AMT Asset Report**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
225	Dell Laptop	6/14/05	0				0	0	HY	0	0
226	Dell Laptop	6/14/05	0				0	0	HY	0	0
227	Dell Laptop	6/14/05	0				0	0	HY	0	0
228	Generator	9/15/04	0				0	0	HY	0	0
229	Norton Software	5/13/05	0				0	0	HY	0	0
230	TV	6/29/05	0				0	0	HY	0	0
231	Furniture	12/13/04	0				0	0	HY	0	0
232	Metal Detector	9/21/04	0				0	0	HY	0	0
233	Security Cameras	10/06/04	0				0	0	HY	0	0
234	Sign	10/15/04	0				0	0	HY	0	0
235	Dell Computers	11/09/04	0				0	0	HY	0	0
236	Dell Computers	11/16/04	0				0	0	HY	0	0
237	Office Furniture	11/16/04	0				0	0	HY	0	0
238	Misc. Equipment	1/31/05	0				0	0	HY	0	0
239	Building Improvements	11/16/05	0				0	0	HY	0	0
240	Learning Center	5/04/06	0				0	0	HY	0	0
241	Dell Computer	12/07/05	0				0	0	HY	0	0
242	Mobile Recording Equipment	9/19/05	0				0	0	HY	0	0
243	Carpet	5/31/06	0				0	0	HY	0	0
244	MAS Upgrade	5/19/06	0				0	0	HY	0	0
245	3 Dell Workstations	5/16/06	0				0	0	HY	0	0
246	2 Laptops with bags	9/15/05	0				0	0	HY	0	0
247	3 Dell Workstations	5/31/06	0				0	0	HY	0	0
248	HP Laser Printer	5/31/06	0				0	0	HY	0	0
249	New Roof - Clevenger	1/21/06	0				0	0	HY	0	0
250	Building- Learning Center	6/30/07	0				0	0	HY	0	0
251	Phone/Security System	5/29/07	0				0	0	HY	0	0
252	Chevy Van	11/15/06	0				0	0	HY	0	0
253	Dell Optiplex Computer	2/21/07	0				0	0	HY	0	0
254	Dell Optiplex Computer	2/21/07	0				0	0	HY	0	0
255	Color Laser Printer	1/18/07	0				0	0	HY	0	0
256	Projector	11/18/07	0				0	0	HY	0	0
257	Dell Laptop	1/18/07	0				0	0	HY	0	0
258	Dell210L	1/18/07	0				0	0	HY	0	0
259	Dell210L	1/18/07	0				0	0	HY	0	0
260	Dell210L	1/18/07	0				0	0	HY	0	0
261	Dell210L	1/18/07	0				0	0	HY	0	0
262	Dell210L	11/18/07	0				0	0	HY	0	0
263	Dell210L	11/18/07	0				0	0	HY	0	0
264	Dell210L	11/18/07	0				0	0	HY	0	0
265	Dell210L	1/18/07	0				0	0	HY	0	0
266	Dell210L	1/18/07	0				0	0	HY	0	0
267	Dell210L	11/18/07	0				0	0	HY	0	0
268	Dell210L	1/18/07	0				0	0	HY	0	0
269	Dell210L	1/18/07	0				0	0	HY	0	0
270	Dell210L	1/18/07	0				0	0	HY	0	0
271	Carpet- BoysTreatment Center	11/18/07	0				0	0	HY	0	0
272	VAN (DONATED BY BREVARD)	2/01/07	0				0	0	HY	0	0
273	Air Conditioner	4/21/08	0				0	0	HY	0	0
274	Building Imp. Rainwater	3/05/08	0				0	0	HY	0	0
275	Learning Center Furniture	6/10/08	0				0	0	HY	0	0
276	Computer Equipment	12/17/07	0				0	0	HY	0	0
277	Construction- Learning Center	4/30/08	0				0	0	HY	0	0
278	RV for Outreach	5/12/09	0				0	0	HY	0	0
279	Camera for Outreach Van	7/18/08	0				0	0	HY	0	0
280	1 MacComputer	12/11/08	0				0	0	HY	0	0
281	AC Repair	1/05/09	0				0	0	HY	0	0
282	(2) Washers	2/27/09	0				0	0	HY	0	0
283	Trane AC Unit	9/28/08	0				0	0	HY	0	0
284	Concrete work - Shelter	12/01/10	0				0	0	HY	0	0
285	Holding Tank	6/14/10	0				0	0	HY	0	0
286	Hobart Dishwasher	8/19/09	0				0	0	HY	0	0
287	Hoshizaki Freezer	8/19/09	0				0	0	HY	0	0
288	Hoshizaki Refrigerator	8/19/09	0				0	0	HY	0	0
289	Vehicle wrapping RV	8/10/09	0				0	0	HY	0	0
290	1998 Ford Club Wagon	7/01/11	0				0	0	HY	0	0
291	AC Electrical Control System	1/01/13	0				0	0	HY	0	0
292	FIRE PANEL	1/01/13	0				0	0	HY	0	0
293	FLOORING	1/01/13	0				0	0	HY	0	0
294	2001 ECONOLINE VAN	1/21/12	0				0	0	HY	0	0
296	Phone equipment	12/31/13	0				0	0	HY	0	0



23-7376943

**AMT Asset Report**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
297	Carrier AC - 40 ton	3/23/16	0			0	0 HY	0	0
298	Trane HVAC Condensing & Evaporator uni	5/26/16	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

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23-7376943

**Bonus Depreciation Report**

FYE: 6/30/2016

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
179	Computer Equipment	11/14/01	660	100	0	0	198	462
180	Computer Equipment	6/19/02	1,051	100	0	0	315	736
181	Lawn Tractor	9/19/01	3,216	100	0	0	965	2,251
182	Pressure Washer	12/19/01	837	100	0	0	251	586
183	Lawn Equipment	2/13/02	2,067	100	0	0	620	1,447
184	Fencing	6/30/02	3,049	100	0	0	915	2,134
186	(3)Dell Computers	5/23/02	3,036	100	0	0	911	2,125
187	(3)Dell Computers	9/14/01	2,588	100	0	0	776	1,812
188	Kitchen Equipment	6/27/02	14,309	100	0	0	4,293	10,016
189	(2) Two Drawer Servers	1/17/02	870	100	0	0	261	609
195	Security System	4/23/02	1,992	100	0	0	598	1,394
197	Two Door Refrigerator	10/29/01	2,180	100	0	0	654	1,526
198	Two Door Freezer	10/19/01	2,700	100	0	0	810	1,890
199	Hobart Range	10/19/01	2,410	100	0	0	723	1,687
200	Commercial Dishwasher	10/19/01	4,000	100	0	0	1,200	2,800
201	(2) Work Tables	10/19/01	476	100	0	0	143	333
202	3 Compartment Sink	10/19/01	990	100	0	0	297	693
203	Ice Maker	10/19/01	2,130	100	0	0	639	1,491
205	Computer	2/19/03	1,496	100	0	0	449	1,047
206	Electronic Equipment	9/11/02	1,048	100	0	0	314	734
207	Fitness Equipment	3/31/03	4,759	100	0	0	1,428	3,331
208	Printer	6/30/03	545	100	0	0	273	272
209	Computers	8/13/02	4,780	100	0	0	1,434	3,346
210	Computer	9/10/02	2,444	100	0	0	733	1,711
211	Electronic Equipment	11/27/03	1,890	100	0	0	945	945
212	(2) Computers	3/31/03	1,840	100	0	0	552	1,288
213	(4) Computers	6/30/03	4,167	100	0	0	2,084	2,083
214	Computer Equipment	6/30/03	1,861	100	0	0	931	930
217	Dell Server	7/22/03	2,895	100	0	0	1,448	1,447
221	Sign	10/24/04	698	100	0	0	349	349
223	Major A/C Repair	12/13/04	1,645	100	0	0	823	822
228	Generator	9/15/04	567	100	0	0	284	283
231	Furniture	12/13/04	540	100	0	0	270	270
232	Metal Detector	9/21/04	3,560	100	0	0	1,780	1,780
233	Security Cameras	10/06/04	11,060	100	0	0	5,530	5,530
234	Sign	10/15/04	465	100	0	0	233	232
235	Dell Computers	11/09/04	6,042	100	0	0	3,021	3,021
236	Dell Computers	11/16/04	1,599	100	0	0	800	799
237	Office Furniture	11/16/04	6,364	100	0	0	3,182	3,182
273	Air Conditioner	4/21/08	2,450	100	0	0	1,225	1,225
274	Building Imp. Rainwater	3/05/08	1,950	100	0	0	975	975
275	Learning Center Furniture	6/10/08	2,207	100	0	0	1,104	1,103
278	RV for Outreach	5/12/09	16,025	100	0	0	8,013	8,012
279	Camera for Outreach Van	7/18/08	1,773	100	0	0	887	886
280	I MacComputer	12/11/08	2,877	100	0	0	1,439	1,438
281	AC Repair	1/05/09	1,417	100	0	0	709	708
282	(2) Washers	2/27/09	1,363	100	0	0	682	681
283	Trane AC Unit	9/28/08	2,425	100	0	0	1,213	1,212
290	1998 Ford Club Wagon	7/01/11	3,400	100	0	0	2,813	587
291	AC Electrical Control System	1/01/13	4,060	100	0	0	2,030	2,030
292	FIRE PANEL	1/01/13	3,965	100	0	0	1,983	1,982
293	FLOORING	1/01/13	4,971	100	0	0	2,486	2,485
294	2001 ECONOLINE VAN	1/21/12	5,167	100	0	0	2,584	2,583
<b>Form 990, Page 1</b>			<u>162,876</u>		<u>0</u>	<u>0</u>	<u>69,575</u>	<u>93,301</u>
<b>Grand Total</b>			<u>162,876</u>		<u>0</u>	<u>0</u>	<u>69,575</u>	<u>93,301</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

COPY

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
61	Paper Shredder	2/10/94	126	0	0
63	Computer workstation	2/10/94	195	0	0
109	Table	6/15/95	70	0	0
114	Table	6/14/95	332	0	0
134	GE Refrigerator	6/28/95	333	0	0
135	GE Refrigerator	4/20/95	333	0	0
136	GE Refrigerator	4/20/95	299	0	0
148	(12) Dell Computers	6/30/00	17,844	0	0
152	Display Shelves	9/28/99	1,498	0	0
153	Sign	9/28/99	555	0	0
154	Air Conditioner Unit	9/10/99	2,850	0	0
155	Carpet	6/30/00	4,491	0	0
158	Dell Latitude CPX Pentium III Corr.	7/07/00	3,752	0	0
159	Dell 866 GX Desktop Computer	3/09/01	5,475	0	0
160	Dell Inspiron - Pentium ID	3/21/01	3,433	0	0
161	Dell Inspiron 8000 - Pentium ID	3/23/01	4,716	0	0
162	MAS 90 Software	4/24/01	6,906	0	0
163	Computer	4/19/01	1,296	0	0
164	(2) P3-667 EB Computers	8/31/00	1,930	0	0
167	Dell Computer	3/12/01	1,368	0	0
168	Dell Computer	3/12/01	1,368	0	0
169	Dell Computer	1/31/01	1,250	0	0
171	Network Buildings	9/26/00	1,406	0	0
172	Peer to Peer Software	4/03/01	4,436	0	0
173	Carpet	12/11/00	3,273	0	0
174	Business Works Software	9/26/00	796	0	0
175	Printer	2/08/01	1,380	0	0
179	Computer Equipment	11/14/01	660	0	0
180	Computer Equipment	6/19/02	1,051	0	0
181	Lawn Tractor	9/19/01	3,216	0	0
182	Pressure Washer	12/19/01	837	0	0
183	Lawn Equipment	2/13/02	2,067	0	0
184	Fencing	6/30/02	3,049	0	0
186	(3)Dell Computers	5/23/02	3,036	0	0
187	(3)Dell Computers	9/14/01	2,588	0	0
188	Kitchen Equipment	6/27/02	14,309	0	0
189	(2) Two Drawer Servers	1/17/02	870	0	0
191	(2) Computers w/Printers	8/13/01	1,890	0	0
192	(2) Computers	8/13/01	2,190	0	0
195	Security System	4/23/02	1,992	0	0
197	Two Door Refrigerator	10/29/01	2,180	0	0
198	Two Door Freezer	10/19/01	2,700	0	0
199	Hobart Range	10/19/01	2,410	0	0
200	Commercial Dishwasher	10/19/01	4,000	0	0
201	(2) Work Tables	10/19/01	476	0	0
202	3 Compartment Sink	10/19/01	990	0	0
203	Ice Maker	10/19/01	2,130	0	0
205	Computer	2/19/03	1,496	0	0
206	Electronic Equipment	9/11/02	1,048	0	0
207	Fitness Equipment	3/31/03	4,759	0	0
208	Printer	6/30/03	545	0	0
209	Computers	8/13/02	4,780	0	0
210	Computer	9/10/02	2,444	0	0
211	Electronic Equipment	11/27/03	1,890	0	0
212	(2) Computers	3/31/03	1,840	0	0
213	(4) Computers	6/30/03	4,167	0	0
214	Computer Equipment	6/30/03	1,861	0	0
217	Dell Server	7/22/03	2,895	0	0
221	Sign	10/24/04	698	0	0
222	Major A/C Repair	5/23/05	4,618	0	0
223	Major A/C Repair	12/13/04	1,645	0	0
224	Dell Laptops	4/15/05	7,829	0	0
225	Dell Laptop	6/14/05	907	0	0
226	Dell Laptop	6/14/05	907	0	0
227	Dell Laptop	6/14/05	907	0	0
228	Generator	9/15/04	567	0	0
229	Norton Software	5/13/05	1,959	0	0

23-7376943

**Future Depreciation Report****FYE: 6/30/17**

FYE: 6/30/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
230	TV	6/29/05	330	0	0
231	Furniture	12/13/04	540	0	0
232	Metal Detector	9/21/04	3,560	0	0
233	Security Cameras	10/06/04	11,060	0	0
234	Sign	10/15/04	465	0	0
235	Dell Computers	11/09/04	6,042	0	0
236	Dell Computers	11/16/04	1,599	0	0
237	Office Furniture	11/16/04	6,364	0	0
238	Misc. Equipment	1/31/05	5,809	0	0
239	Building Improvements	11/16/05	11,840	699	0
241	Dell Computer	12/07/05	1,430	0	0
242	Mobile Recording Equipment	9/19/05	2,850	0	0
243	Carpet	5/31/06	3,317	0	0
244	MAS Upgrade	5/19/06	1,245	0	0
245	3 Dell Workstations	5/16/06	2,975	0	0
246	2 Laptops with bags	9/15/05	1,953	0	0
247	3 Dell Workstations	5/31/06	2,319	0	0
248	HP Laser Printer	5/31/06	1,773	0	0
251	Phone/Security System	5/29/07	48,116	0	0
252	Chevy Van	11/15/06	29,008	0	0
253	Dell Optiplex Computer	2/21/07	1,157	0	0
254	Dell Optiplex Computer	2/21/07	1,157	0	0
255	Color Laser Printer	1/18/07	1,419	0	0
256	Projector	11/18/07	1,125	0	0
257	Dell Laptop	1/18/07	1,930	0	0
258	Dell210L	1/18/07	1,196	0	0
259	Dell210L	1/18/07	1,196	0	0
260	Dell210L	1/18/07	1,196	0	0
261	Dell210L	1/18/07	1,196	0	0
262	Dell210L	11/18/07	1,196	0	0
263	Dell210L	11/18/07	1,196	0	0
264	Dell210L	11/18/07	1,196	0	0
265	Dell210L	1/18/07	1,196	0	0
266	Dell210L	1/18/07	1,196	0	0
267	Dell210L	11/18/07	1,196	0	0
268	Dell210L	1/18/07	1,196	0	0
269	Dell210L	1/18/07	1,196	0	0
270	Dell210L	1/18/07	1,196	0	0
273	Air Conditioner	4/21/08	2,450	0	0
274	Building Imp. Rainwater	3/05/08	1,950	0	0
275	Learning Center Furniture	6/10/08	2,207	0	0
276	Computer Equipment	12/17/07	6,275	0	0
278	RV for Outreach	5/12/09	16,025	0	0
279	Camera for Outreach Van	7/18/08	1,773	0	0
280	I MacComputer	12/11/08	2,877	0	0
281	AC Repair	1/05/09	1,417	0	0
282	(2) Washers	2/27/09	1,363	0	0
283	Trane AC Unit	9/28/08	2,425	0	0
290	1998 Ford Club Wagon	7/01/11	3,400	196	0
291	AC Electrical Control System	1/01/13	4,060	362	0
292	FIRE PANEL	1/01/13	3,965	354	0
293	FLOORING	1/01/13	4,971	444	0
294	2001 ECONOLINE VAN	1/21/12	5,167	496	0
			<u>397,370</u>	<u>2,551</u>	<u>0</u>

**Other Depreciation:**

144	Land - 1417 Dixon - .531 acres	9/18/98	17,135	0	0
145	Land - Dixon - 9.61 acres	9/18/98	301,595	0	0
146	Building Improvements - Dixon	12/31/98	14,836	380	0
156	Buildings	1/08/02	1,431,075	36,695	0
157	Modular Building	11/08/02	1,119,300	28,700	0
204	Final Shelter Payment	7/01/02	12,608	323	0
240	Learning Center	5/04/06	76,592	1,964	0
249	New Roof - Clevenger	1/21/06	70,500	4,700	0
250	Building- Learning Center	6/30/07	1,036,320	26,572	0
271	Carpet- BoysTreatment Center	11/18/07	2,956	197	0
272	VAN (DONATED BY BREVARD)	2/01/07	5,500	0	0
277	Construction- Learning Center	4/30/08	1,365,352	35,009	0

Asset	Description	Date In Service	Cost	Tax	AMT
284	Concrete work - Shelter	12/01/10	3,198	319	0
285	Holding Tank	6/14/10	4,066	532	0
286	Hobart Dishwasher	8/19/09	5,830	139	0
287	Hoshizaki Freezer	8/19/09	6,442	153	0
288	Hoshizaki Refrigerator	8/19/09	6,020	143	0
289	Vehicle wrapping RV	8/10/09	3,000	0	0
296	Phone equipment	12/31/13	45,000	9,000	0
297	Carrier AC - 40 ton	3/23/16	44,781	4,478	0
298	Trane HVAC Condensing & Evaporator units	5/26/16	93,327	9,332	0
<b>Total Other Depreciation</b>			<u>5,665,433</u>	<u>158,636</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,665,433</u>	<u>158,636</u>	<u>0</u>
<b>Grand Totals</b>			<u>6,062,803</u>	<u>161,187</u>	<u>0</u>

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Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2014 &amp; 2015</b>	
Name		For calendar year 2015, or tax year beginning <b>07/01/15</b> , ending <b>06/30/16</b>		Taxpayer Identification Number	
<b>Crosswinds Youth Services, Inc.</b>				<b>23-7376943</b>	
			<b>2014</b>	<b>2015</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>233,416</b>	<b>453,510</b>	<b>220,094</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	<b>2,653,897</b>	<b>2,814,706</b>	<b>160,809</b>
	4. Program service revenue	4.			
	5. Investment income	5.	<b>2,703</b>	<b>3,622</b>	<b>919</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	<b>-60,987</b>	<b>695</b>	<b>61,682</b>
	8. Net income or (loss) from fundraising events	8.	<b>72,685</b>	<b>87,920</b>	<b>15,235</b>
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>2,901,714</b>	<b>3,360,453</b>	<b>458,739</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	<b>124,368</b>	<b>145,238</b>	<b>20,870</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>1,597,115</b>	<b>1,890,974</b>	<b>293,859</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>66,330</b>	<b>51,593</b>	<b>-14,737</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>140,049</b>	<b>107,707</b>	<b>-32,342</b>
	20. Depreciation and Depletion	20.	<b>147,416</b>	<b>152,658</b>	<b>5,242</b>
	21. Other expenses	21.	<b>912,885</b>	<b>714,249</b>	<b>-198,636</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>2,988,163</b>	<b>3,062,419</b>	<b>74,256</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>-86,449</b>	<b>298,034</b>	<b>384,483</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>2,901,714</b>	<b>3,360,453</b>	<b>458,739</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>-58,284</b>	<b>4,317</b>	<b>62,601</b>
	27. Total assets	27.	<b>4,662,499</b>	<b>4,979,994</b>	<b>317,495</b>
	28. Total liabilities	28.	<b>1,071,877</b>	<b>1,085,730</b>	<b>13,853</b>
	29. Retained earnings	29.	<b>3,590,622</b>	<b>3,894,264</b>	<b>303,642</b>
	30. Number of voting members of governing body	30.	<b>16</b>	<b>17</b>	
	31. Number of independent voting members of governing body	31.	<b>16</b>	<b>17</b>	
	32. Number of employees	32.	<b>65</b>	<b>64</b>	
	33. Number of volunteers	33.	<b>261</b>	<b>200</b>	

Form **990**

## Tax Return History

**2015**

Name

**Crosswinds Youth Services, Inc.**

Employer Identification Number

**23-7376943**

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants .....				2,887,313	3,268,216	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....				-60,987	695	
Investment income .....				2,703	3,622	
Fundraising revenue (income/loss) .....				72,685	87,920	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....				2,901,714	3,360,453	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....				124,368	145,238	
Other compensation .....				1,597,115	1,890,974	
Professional fees .....				66,330	51,593	
Occupancy costs .....				140,049	107,707	
Depreciation and depletion .....				147,416	152,658	
Other expenses .....				912,885	714,249	
<b>Total expenses</b> .....				2,988,163	3,062,419	
<b>Excess or (Deficit)</b> .....				-86,449	298,034	
Total exempt revenue .....				2,901,714	3,360,453	
Total unrelated revenue .....						
Total excludable revenue .....				-58,284	4,317	
Total Assets .....				4,662,499	4,979,994	
Total Liabilities .....				1,071,877	1,085,730	
Net Fund Balances .....				3,590,622	3,894,264	



**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Fees	\$ 41,593	\$ 615	\$ 40,949	\$ 29
Total	<u>\$ 41,593</u>	<u>\$ 615</u>	<u>\$ 40,949</u>	<u>\$ 29</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	\$ 38,962	\$ 35,131	\$ 2,540	\$ 1,291
Dues & Licenses	17,107	13,756	2,979	372
Supplies - contributed	16,533	12,517	4,016	
Personnel Processing	4,364	3,414	950	
Literature & Education	2,062	895	1,167	
Allocated General & Admin		292,857	-306,773	13,916
Total	<u>\$ 79,028</u>	<u>\$ 358,570</u>	<u>\$ -295,121</u>	<u>\$ 15,579</u>

**Federal Statements****Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Various government agencies	\$ 2,814,706
Brevard County	134,781
Supplies	16,533
Private contributions	5,200
Miscellaneous	9,242
Private contributions	25,606
United Way	66,136
Private organization support	187,395
Duck Race	
Supplies	7,917
Derby	
Supplies	700
Total	<u>\$ 3,268,216</u>

**Schedule A, Part II, Line 12**

<u>Description</u>	<u>Amount</u>
Taxable Interest on Savings and Temporary Cash Investments	\$ 462
Taxable Dividends and Interest from Securities	3,160
Duck Race	101,951
Derby	14,000
Total	<u>\$ 119,573</u>

**Federal Statements****Duck Race****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Event expenses	\$ 19,414
Supplies - contributed	7,917
Total	<u>\$ 27,331</u>

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# Federal Statements

## Derby

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Supplies - contributed	\$ 700
Total	<u>\$ 700</u>

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