

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

**23-7376943**

### Crosswinds Youth Services, Inc.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>3,756,787</b></u>
<b>Revenue</b>		
Contributions	<u>3,150,936</u>	
Program service revenue	<u>13,885</u>	
Investment income	<u>14,864</u>	
Capital gain / loss	<u>1,727</u>	
Fundraising / Gaming:		
Gross revenue	<u>164,701</u>	
Direct expenses	<u>81,291</u>	
Net income	<u>83,410</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>3,264,822</b></u>
<b>Expenses</b>		
Program services	<u>2,824,406</u>	
Management and general	<u>302,243</u>	
Fundraising	<u>162,813</u>	
<b>Total expenses</b>		<u><b>3,289,462</b></u>
<b>Excess / (deficit)</b>		<u><b>-24,640</b></u>
Changes		<u><b>2,899</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>3,735,046</b></u></u>

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<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	<u>3,376,204</u>
Less:	
Unrealized gains	<u>2,899</u>
Donated services	<u>30,760</u>
Recoveries	
Other	<u>81,291</u>
Plus:	
Investment expenses	
Other	<u>3,568</u>
<b>Total revenue per return</b>	<u><u>3,264,822</u></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	<u>3,397,945</u>
Less:	
Donated services	<u>30,760</u>
Prior year adjustments	
Losses	
Other	<u>81,291</u>
Plus:	
Investment expenses	
Other	<u>3,568</u>
<b>Total expenses per return</b>	<u><u>3,289,462</u></u>

<b>Balance Sheet</b>			<b>Differences</b>
	<b>Beginning</b>	<b>Ending</b>	
Assets	<u>4,791,336</u>	<u>4,728,945</u>	
Liabilities	<u>1,034,549</u>	<u>993,899</u>	
Net assets	<u><u>3,756,787</u></u>	<u><u>3,735,046</u></u>	<u><u>-21,741</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 05/15/20  
Failure to file penalty \_\_\_\_\_

Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2017 &amp; 2018</b>	
Name		For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		Taxpayer Identification Number	
<b>Crosswinds Youth Services, Inc.</b>				<b>23-7376943</b>	
			<b>2017</b>	<b>2018</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>161,464</b>	<b>237,977</b>	<b>76,513</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	<b>2,785,403</b>	<b>2,912,959</b>	<b>127,556</b>
	4. Program service revenue	4.	<b>11,819</b>	<b>13,885</b>	<b>2,066</b>
	5. Investment income	5.	<b>10,654</b>	<b>14,864</b>	<b>4,210</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	<b>2,457</b>	<b>1,727</b>	<b>-730</b>
	8. Net income or (loss) from fundraising events	8.	<b>113,657</b>	<b>83,410</b>	<b>-30,247</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>3,085,454</b>	<b>3,264,822</b>	<b>179,368</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>153,859</b>	<b>150,884</b>	<b>-2,975</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>1,998,249</b>	<b>2,090,407</b>	<b>92,158</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>85,793</b>	<b>73,537</b>	<b>-12,256</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>107,600</b>	<b>121,969</b>	<b>14,369</b>
	20. Depreciation and Depletion	20.	<b>160,840</b>	<b>169,980</b>	<b>9,140</b>
	21. Other expenses	21.	<b>681,407</b>	<b>682,685</b>	<b>1,278</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>3,187,748</b>	<b>3,289,462</b>	<b>101,714</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>-102,294</b>	<b>-24,640</b>	<b>77,654</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>3,085,454</b>	<b>3,264,822</b>	<b>179,368</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>24,930</b>	<b>30,476</b>	<b>5,546</b>
	27. Total assets	27.	<b>4,791,336</b>	<b>4,728,945</b>	<b>-62,391</b>
	28. Total liabilities	28.	<b>1,034,549</b>	<b>993,899</b>	<b>-40,650</b>
	29. Retained earnings	29.	<b>3,756,787</b>	<b>3,735,046</b>	<b>-21,741</b>
	30. Number of voting members of governing body	30.	<b>18</b>	<b>18</b>	
31. Number of independent voting members of governing body	31.	<b>18</b>	<b>18</b>		
32. Number of employees	32.	<b>61</b>	<b>56</b>		
33. Number of volunteers	33.	<b>700</b>	<b>500</b>		

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2018**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**Crosswinds Youth Services, Inc.**

Employer identification number

**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 one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>3,264,822</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**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 2018 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 2018 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 2018 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 } **04/29/19****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.

**59698199999**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 } **04/29/19**

**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** (2018)

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
**Crosswinds Youth Services, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1407 Dixon Blvd.**

City or town, state or province, country, and ZIP or foreign postal code  
**Cocoa FL 32922**

**D** Employer identification number  
**23-7376943**

**E** Telephone number  
**321-452-0800**

**G** Gross receipts \$ **3,368,332**

**F** Name and address of principal officer:  
**Jan Lokay**  
**1407 Dixon Blvd.**  
**Cocoa FL 32922**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) t (insert no.)  4947(a)(1) or  527

**J** Website: **www.crosswindsyouthservices.org**

**H(c)** Group exemption number **U**

**K** Form of organization:  Corporation  Trust  Association  Other **U**

**L** Year of formation: **1974** **M** State of legal domicile: **FL**

**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>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)		<b>5</b>	<b>56</b>
	<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b>	<b>500</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b>	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38		<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	<b>2,946,867</b>	Current Year <b>3,150,936</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>11,819</b>	<b>13,885</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>13,111</b>	<b>16,591</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>113,657</b>	<b>83,410</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>3,085,454</b>	<b>3,264,822</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<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>2,152,108</b>	<b>2,241,291</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>162,813</b>				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			<b>1,035,640</b>	<b>1,048,171</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>3,187,748</b>	<b>3,289,462</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>-102,294</b>	<b>-24,640</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	<b>4,791,336</b>	End of Year <b>4,728,945</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>1,034,549</b>	<b>993,899</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>3,756,787</b>	<b>3,735,046</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.

**Sign Here**

Signature of officer: **Jan Lokay** Date: \_\_\_\_\_  
Type or print name and title: **President and CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **Richard D. Sutter, CPA** Preparer's signature: \_\_\_\_\_ Date: **04/29/20** Check  if self-employed PTIN: **P00265703**

Firm's name: **Whittaker Cooper Financial Group** Firm's EIN: **59-2977986**  
Firm's address: **1692 West Hibiscus Boulevard**  
**Melbourne, FL 32901** Phone no.: **321-723-3352**

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 \$ **2,824,406** including grants of \$ ) (Revenue \$ )

**Crosswinds offers a range of services for vulnerable children, youth and young adults who may be runaway, homeless, transitioning from foster care or who are otherwise in crisis or at risk. Services include, but are not limited to, an emergency children's shelter; transitional housing; rapid rehousing; assessments; individual, group and family counseling; independent living services; life and social skills training; parenting training; case management; civil citation for young misdemeanor offenders; street outreach and information and referral.**

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

**N/A**

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

**N/A**

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

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

4e Total program service expenses **u 2,824,406**

**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
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

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

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
		1a	10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
		1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
		1c	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<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		
	2a	56	
<b>b</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>b</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>b</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>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</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>b</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>a</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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</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>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</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>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</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.	13a	
<b>b</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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X



**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>18</b>	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>18</b>	
<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 (1024 or 1024-A 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			158,444	0	29,314	
(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) Ben Glover ..... Director	1.00 ..... 0.00	X					0	0	0	
(9) Mitchell Goldman ..... Director	1.00 ..... 0.00	X					0	0	0	
(10) Susan Hammerling ..... Director	1.00 ..... 0.00	X					0	0	0	
(11) James Handley ..... 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>Rear Admiral Wayne Justice</b>	1.00									
Director	0.00	X					0	0	0	
(13) <b>Alison Malone</b>	1.00									
Director	0.00	X					0	0	0	
(14) <b>Sheriff Jack Parker (Ret.)</b>	1.00									
Director	0.00	X					0	0	0	
(15) <b>Dara Cunnion Pauley</b>	1.00									
Director	0.00	X					0	0	0	
(16) <b>Andrew Walters</b>	1.00									
Director	0.00	X					0	0	0	
(17) <b>Thomas Weinberg</b>	1.00									
Director	0.00	X					0	0	0	
(18) <b>Stockton Whitten</b>	1.00									
Director	0.00	X					0	0	0	
(19) <b>Shannon Wilson</b>	1.00									
Director	0.00	X					0	0	0	
<b>1b Sub-total</b>							<b>158,444</b>		<b>29,314</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>158,444</b>		<b>29,314</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>	56,961				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,912,959				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	181,016				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		56,961				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	3,150,936				
	<b>Program Service Revenue</b>	<b>2a</b> Other program revenue	Busn. Code	13,885	13,885		
<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>	13,885				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	14,864			14,864
	<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	21,460	2,486		
	<b>b</b> Less: cost or other basis & sales exps.			18,464	3,755		
	<b>c</b> Gain or (loss)			2,996	-1,269		
	<b>d</b> Net gain or (loss)	<b>u</b>		1,727	-1,269		2,996
	<b>8a</b> Gross income from fundraising events (not including \$ 56,961 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		164,701			
		<b>b</b> Less: direct expenses	<b>b</b>	81,291			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>		83,410				
<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>11a</b> Miscellaneous Revenue	Busn. Code						
	<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>		3,264,822	12,616	0	17,860	

**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 

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	150,884		143,340	7,544
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,706,904	1,461,306	171,731	73,867
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,464	49,134	10,593	2,737
<b>9</b> Other employee benefits	191,686	150,780	32,508	8,398
<b>10</b> Payroll taxes	129,353	101,748	21,937	5,668
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	17,500		17,500	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	3,568		3,568	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	52,469	6,297	46,172	
<b>12</b> Advertising and promotion	14,482	4,000	10,383	99
<b>13</b> Office expenses	44,750	32,786	8,909	3,055
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	121,969	102,841	9,556	9,572
<b>17</b> Travel	71,647	45,602	25,678	367
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	16,251	15,951	265	35
<b>20</b> Interest	44,282		44,282	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	169,980	139,394	17,181	13,405
<b>23</b> Insurance	56,966	49,759	4,609	2,598
<b>24</b> 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.)				
<b>a</b> Repairs & Maintenance	124,566	98,020	20,851	5,695
<b>b</b> Youth Expenditures	121,935	121,935		
<b>c</b> Program Food	102,494	102,494		
<b>d</b> Communications	38,302	30,585	7,244	473
<b>e</b> All other expenses	47,010	311,774	-294,064	29,300
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,289,462	2,824,406	302,243	162,813
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	248,802	1	296,816
	2	Savings and temporary cash investments	176,620	2	130,549
	3	Pledges and grants receivable, net	309,935	3	310,271
	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	2,732	8	866
	9	Prepaid expenses and deferred charges	25,559	9	19,089
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,857,216		
	b	Less: accumulated depreciation	10b 2,248,571	10c	3,608,645
	11	Investments—publicly traded securities	257,023	11	357,224
	12	Investments—other securities. See Part IV, line 11	5,485	12	5,485
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,791,336	16	4,728,945	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	160,813	17	150,924
	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	873,736	23	842,975
	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	1,034,549	26	993,899
<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	3,547,399	27	3,613,570
	28	Temporarily restricted net assets	189,388	28	101,476
	29	Permanently restricted net assets	20,000	29	20,000
	<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>	3,756,787	33	3,735,046	
34	<b>Total liabilities and net assets/fund balances</b>	4,791,336	34	4,728,945	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,264,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,289,462
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,756,787
5	Net unrealized gains (losses) on investments	5	2,899
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,735,046

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	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.		
2a	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		X
2b	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	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

**U Attach to Form 990 or Form 990-EZ.**

**U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1–10 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)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,887,313	3,268,216	2,825,917	2,946,867	3,150,936	15,079,249
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	2,887,313	3,268,216	2,825,917	2,946,867	3,150,936	15,079,249
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						15,079,249

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,887,313	3,268,216	2,825,917	2,946,867	3,150,936	15,079,249
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,703	3,622	5,873	10,654	17,860	40,712
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						15,119,961

12 Gross receipts from related activities, etc. (see instructions) 12 336,427

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 2018 (line 6, column (f) divided by line 11, column (f)) 14 99.73 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 99.83 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI 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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**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? <i>If "No," describe in Part VI 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.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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	
Section B - Minimum Asset Amount		(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 Part VI):		
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	
Section C - Distributable Amount			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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

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**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.)

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**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

⤵ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
⤵ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization <b>Crosswinds Youth Services, Inc.</b>	Employer identification number <b>23-7376943</b>
--	---

Organization type (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization

**Crosswinds Youth Services, Inc.**

Employer identification number

**23-7376943**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Brevard Cty Sheriff's Office Charity 700 S Park Avenue Titusville FL 32780	\$ 65,167	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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.

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

OMB No. 1545-0047

2018

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 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, number of easements, 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 2 columns: Question, Amount. 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (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>5,346,861</b>	<b>2,060,990</b>	<b>3,285,871</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>191,626</b>	<b>187,581</b>	<b>4,045</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.)				<b>3,608,645</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	3,376,204
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,899	
b	Donated services and use of facilities	2b	30,760	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	81,291	
e	Add lines 2a through 2d	2e	114,950	
3	Subtract line 2e from line 1	3	3,261,254	
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	3,568	
c	Add lines 4a and 4b	4c	3,568	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,264,822	

**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	3,397,945
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	30,760	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	81,291	
e	Add lines 2a through 2d	2e	112,051	
3	Subtract line 2e from line 1	3	3,285,894	
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	3,568	
c	Add lines 4a and 4b	4c	3,568	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,289,462	

**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 not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the financial statements.

FASB ASC 740, Accounting for Income Taxes, prescribes a recognition threshold and measurement attribute of the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return.

Management evaluates the Organization's tax positions on an annual basis, both past and current. If management determines that a past or current tax position is uncertain then a tax liability is calculated to represent the

**Part XIII Supplemental Information** (continued)

increase in taxes anticipated upon examination. As of June 30, 2019, management has determined that all past and current tax positions were likely to be realizable and sustainable upon examination and that the calculation of a tax liability was not necessary.

Tax years ended June 30, 2016 through 2019 remain subject to possible examination by the Internal Revenue Service.

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

Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	81,291

## Part XI, Line 4b - Revenue Amounts Included on Return - Other

Investment income reported net of	\$	0
investment expenses on financial	\$	0
statements	\$	3,568

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

Direct fundraising expenses included as	\$	0
a reduction of revenue on return	\$	81,291

## Part XII, Line 4b - Expense Amounts Included on Return - Other

Investment income reported net of	\$	0
investment expenses on financial	\$	0
statements	\$	3,568

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

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

⬇ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⬇ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 10 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							
<b>Total</b>							

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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)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	221,662		221,662
	2	Less: Contributions	56,961		56,961
	3	Gross income (line 1 minus line 2)	164,701		164,701
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	81,291		81,291
	10	Direct expense summary. Add lines 4 through 9 in column (d)			81,291
11	Net income summary. Subtract line 10 from line 3, column (d)			83,410	

**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 J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

U Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
U Attach to Form 990.

UGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

**Crosswinds Youth Services, Inc.**

Employer identification number

**23-7376943**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jan Lokay	(i)	140,444	0	18,000	29,314	0	187,758	0
1 President and CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
U Attach to Form 990.  
U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 checked="" type="checkbox"/> (Supplies)	<b>X</b>	<b>1</b>	<b>56,961</b>	<b>Numerous items at cost</b>
26 Other <input type="checkbox"/> ( )				
27 Other <input type="checkbox"/> ( )				
28 Other <input type="checkbox"/> ( )				

COPY

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

<b>29</b>	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**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.

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Ⓛ Attach to Form 990 or 990-EZ.

Ⓛ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

**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 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 45 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 24 hours a

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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.

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.

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.



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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.

STOP NOW AND PLAN (SNAP) - Crosswinds has been awarded a grant to provide SNAP® - an internationally recognized model for teaching troubled children and their parents effective emotion-regulation, self-control and problem-solving. SNAP® offers gender specific programs for children ages 6-11.

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.

#### 2018-2019 HIGHLIGHTS

- Crosswinds upgraded the fleet of vehicles used to transport youth to school, appointments and activities by leasing four (4) Honda Odyssey minivans to replace the aged vans needing constant repairs.
- Through the Non-Profit Risk Management Center, the initial assessment of the risks that Crosswinds may face has been conducted and staff began addressing the gaps noted.
- Working capital was increased to nearly 120 days during fiscal year 2018-2019. A minimum of 3 to 6 months is a fiscal best practice (\$1.5M).

Name of the organization

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- During October 2018, the Rainy Day Fund in a general banking account at Bank of America was moved to a money market account (WMCA) at Merrill Lynch.
- CYS continues to upgrade IT software and hardware components for security and application compatibility. A local managed IT service provider, Artemis, was engaged to conduct a review of the current Information Technology Infrastructure.
- The Florida Network provided one-time retention bonuses for \$1875 to eleven (11) direct care staff meeting the DJJ eligibility requirements.
- A Youth Care Worker hiring and retention analysis was conducted by staff. Crosswinds began the revision of salary structure based on comparative organizations and prevailing conditions.
- Crosswinds has begun the COA 2019 reaccreditation process with the submission of the self-study.
- 1,084 youth were served in Residential (Shelter and Transitional Living) and Community Based services throughout this period. Crosswinds received 889 requests for crisis counseling, information and referrals.
- Volunteers continue to play a tremendous role at Crosswinds. In FY 2018
  - 2019 hundreds of very giving volunteers helped in many areas of the organization. Volunteers come from various segments of the community, including community leaders; interns and students from local colleges, universities and schools; civic and faith based organizations and generous companies throughout Brevard County.
- Continued the retention of long term management staff.
- Crosswinds continued the successful federal pilot for Open Table - a model for social capacity building - for Runaway and Homeless Youth.
- The 21st Annual Great Brevard Duck Race was a tremendous outreach and

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fundraising event for Crosswinds, raising over \$150,000 in gross revenue with total in-kind media promotion by WFTV 9 Family Connection, Florida Today and Lite Rock 99.3 Radio totaling \$55,140.

- Support from the Brevard County Sheriff's Office continues to be outstanding. As one of the recipients of the "Dancing for the Space Coast" fundraising event Crosswinds received over \$66,000 in proceeds.

- Rockledge Rotary's Space Coast Derby Day event was a huge success, with Crosswinds receiving a generous gift of \$10,000 from the proceeds.

- A successful financial audit was completed for the 2018-2019 fiscal year and the auditors issued no management letter as required by Auditor General Rule Section 10.656 (3) (e), because there were no findings to be reported.

- Crosswinds was successful in passing all audits, monitorings and reviews from the Florida Network of Youth and Family Services, Brevard Family Partnership, Brevard County, Department of Children and Families (Shelter), the Department of Children and Families Substance Abuse Prevention and Intervention, United Way and the Brevard Homeless Coalition.

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 2018, the Crosswinds Juvenile Assessment Center Advisory Board received the Partnership Award from the Space Coast Public Service Awards. Annually, this award recognizes excellence in private sector partners and public service working together to address community problems and enhance public safety. The all-volunteer Board is comprised of law enforcement professionals and interdisciplinary officials committed to helping youth in crisis.

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- In 2017, the Florida Network of Youth and Family Services recognized Crosswinds' youth shelter with an award for Medication Management Excellence.
- Crosswinds founder and Executive Board member Dr. Robert E. Lehton was recognized in 2017 by the Florida Network of Youth and Family Services with the highly prestigious Chairman's Leadership Award.
- 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 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.
- 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

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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 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 III, Line 2

Rapid re-housing program initiated in FYE 10/1/2018. Crosswinds rapid re-housing program will connect young adults who are experiencing homelessness, as defined by HUD, to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Crosswinds will provide all three core components of rapid re-housing: housing identification, rent and move-in assistance and case management 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

Name of the organization

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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

a reduction of revenue on return \$ 81,291

Investment income reported net of \$ 0

investment expenses on financial \$ 0

statements \$ -3,568

Direct fundraising expenses included as \$ 0

a reduction of revenue on return \$ -81,291

Investment income reported net of \$ 0

investment expenses on financial \$ 0

statements \$ 3,568

23-7376943

**Federal Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>7-year GDS Property:</b>											
303	Fire alarm System - Shelter	7/31/18	11,204			X	0	7	HY 200DB	0	11,204
305	A/C - Clevenger	6/18/19	2,498			X	0	7	HY 200DB	0	2,498
			<u>13,702</u>				<u>0</u>			<u>0</u>	<u>13,702</u>
<b>15-year GDS Property:</b>											
304	Roof Repair - Shelter	1/29/19	3,499			X	0	15	HY 150DB	0	3,499
			<u>3,499</u>				<u>0</u>			<u>0</u>	<u>3,499</u>
<b>Prior MACRS:</b>											
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
153	Sign	9/28/99	555				555	7	HY 200DB	555	0
155	Carpet	6/30/00	4,491				4,491	5	HY 200DB	4,491	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
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
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
195	Security System	4/23/02	1,992			X	1,394	7	HY 200DB	1,992	0
199	Hobart Range	10/19/01	2,410			X	1,687	7	HY 200DB	2,410	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
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
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
234	Sign	10/15/04	465			X	232	7	HY 200DB	465	0
237	Office Furniture	11/16/04	6,364			X	3,182	7	HY 200DB	6,364	0
239	Building Improvements	11/16/05	11,840				11,840	15	HY 150DB	10,092	699
243	Carpet	5/31/06	3,317				3,317	7	HY 200DB	3,317	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
	Sold/Scrapped: 10/30/18										
273	Air Conditioner	4/21/08	2,450			X	1,225	7	HY 200DB	2,450	0
275	Learning Center Furniture	6/10/08	2,207			X	1,103	7	HY 200DB	2,207	0
278	RV for Outreach	5/12/09	16,025			X	8,012	5	HY 200DB	16,025	0
290	1998 Ford Club Wagon	7/01/11	3,400			X	0	5	HY 200DB	3,400	0
	Sold/Scrapped: 10/25/18										
291	AC Electrical Control System	1/01/13	4,060			X	2,030	7	HY 200DB	3,516	363
292	FIRE PANEL	1/01/13	3,965			X	1,982	7	HY 200DB	3,434	354
293	FLOORING	1/01/13	4,971			X	2,485	7	HY 200DB	4,306	443
294	2001 ECONOLINE VAN	1/21/12	5,167			X	2,583	5	HY 200DB	5,167	0
	Sold/Scrapped: 10/25/18										
			<u>193,706</u>				<u>154,879</u>			<u>186,463</u>	<u>1,859</u>
<b>Other Depreciation:</b>											
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	7,286	380
156	Buildings	1/08/02	1,431,075				1,431,075	39	MO S/L	603,926	36,694
157	Modular Building	11/08/02	1,119,300				1,119,300	39	MO S/L	472,354	28,700
204	Final Shelter Payment	7/01/02	12,608				12,608	39	MO S/L	5,159	323
240	Learning Center	5/04/06	76,592				76,592	39	MO S/L	21,849	1,964
249	New Roof - Clevenger	1/21/06	70,500				70,500	15	MO S/L	54,050	4,700
250	Building- Learning Center	6/30/07	1,036,320				1,036,320	39	MO S/L	292,295	26,573
271	Carpet- Boys Treatment Center	11/18/07	2,956				2,956	15	MO S/L	2,266	197

23-7376943

**Federal Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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	357,384	35,009
284	Concrete work - Shelter	12/01/10	3,198			3,198	10 MO S/L	2,691	320
285	Holding Tank	6/14/10	4,066			4,066	7 MO S/L	4,066	0
286	Hobart Dishwasher	8/19/09	5,830			5,830	7 MO S/L	5,830	0
287	Hoshizaki Freezer	8/19/09	6,442			6,442	7 MO S/L	6,442	0
288	Hoshizaki Refrigerator	8/19/09	6,020			6,020	7 MO S/L	6,020	0
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	45,000	0
297	Carrier AC - 40 ton	3/23/16	44,781			44,781	10 MO S/L	10,076	4,478
298	Trane HVAC Condensing & Evaporator uni	5/26/16	93,327			93,327	10 MO S/L	19,443	9,333
299	Air Conditioner	7/26/17	4,800			4,800	10 MO S/L	440	480
300	Air Conditioner	10/31/17	4,800			4,800	10 MO S/L	320	480
301	Air Conditioner	12/01/17	4,800			4,800	10 MO S/L	280	480
302	Computer equipment - ANS	3/12/18	4,052			4,052	5 MO S/L	270	810
	<b>Total Other Depreciation</b>		<u>5,683,885</u>			<u>5,683,885</u>		<u>1,925,947</u>	<u>150,921</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,683,885</u>			<u>5,683,885</u>		<u>1,925,947</u>	<u>150,921</u>
	<b>Grand Totals</b>		5,894,792			5,838,764		2,112,410	169,981
	<b>Less: Dispositions and Transfers</b>		37,575			31,591		33,820	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>5,857,217</u>			<u>5,807,173</u>		<u>2,078,590</u>	<u>169,981</u>

COPY



23-7376943

**Bonus Depreciation Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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
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
199	Hobart Range	10/19/01	2,410	100	0	0	723	1,687
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
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
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
234	Sign	10/15/04	465	100	0	0	233	232
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
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
290	1998 Ford Club Wagon	7/01/11	3,400	100	0	0	3,400	0
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
303	Fire alarm System - Shelter	7/31/18	11,204		0	11,204	0	0
304	Roof Repair - Shelter	1/29/19	3,499		0	3,499	0	0
305	A/C - Clevener	6/18/19	2,498		0	2,498	0	0
<b>Grand Total</b>			103,098		0	17,201	38,827	47,070
<b>Less: Dispositions and Transfers</b>			8,567		0	0	5,984	2,583
<b>Net Grand Total</b>			<u>94,531</u>		<u>0</u>	<u>17,201</u>	<u>32,843</u>	<u>44,487</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

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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.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**

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>1,000,000</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>2,500,000</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 2017 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	<b>17,201</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>150,921</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>1,859</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 type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 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 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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>169,981</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.

23-7376943

**AMT Asset Report**

FYE: 6/30/2019

**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>											
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
153	Sign	9/28/99	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
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
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
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
195	Security System	4/23/02	0				0	0	HY	0	0
199	Hobart Range	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
217	Dell Server	7/22/03	0				0	0	HY	0	0
221	Sign	10/24/04	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
234	Sign	10/15/04	0				0	0	HY	0	0
237	Office Furniture	11/16/04	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
243	Carpet	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
	Sold/Scrapped: 10/30/18										
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
275	Learning Center Furniture	6/10/08	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
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
	Sold/Scrapped: 10/25/18										
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
	Sold/Scrapped: 10/25/18										
296	Phone equipment	12/31/13	0				0	0	HY	0	0
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
299	Air Conditioner	7/26/17	0				0	0	HY	0	0
300	Air Conditioner	10/31/17	0				0	0	HY	0	0
301	Air Conditioner	12/01/17	0				0	0	HY	0	0
302	Computer equipment - ANS	3/12/18	0				0	0	HY	0	0
303	Fire alarm System - Shelter	7/31/18	0				0	0	HY	0	0
304	Roof Repair - Shelter	1/29/19	0				0	0	HY	0	0

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
305	A/C - Clevener	6/18/19	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		0				0		0	0
	<b>Total ACRS and Other Depreciation</b>		0				0		0	0
	<b>Grand Totals</b>		0				0		0	0
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Net Grand Totals</b>		0				0		0	0

COPY

23-7376943

**Future Depreciation Report** **FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
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
153	Sign	9/28/99	555	0	0
155	Carpet	6/30/00	4,491	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
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
188	Kitchen Equipment	6/27/02	14,309	0	0
189	(2) Two Drawer Servers	1/17/02	870	0	0
195	Security System	4/23/02	1,992	0	0
199	Hobart Range	10/19/01	2,410	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
217	Dell Server	7/22/03	2,895	0	0
221	Sign	10/24/04	698	0	0
231	Furniture	12/13/04	540	0	0
232	Metal Detector	9/21/04	3,560	0	0
234	Sign	10/15/04	465	0	0
237	Office Furniture	11/16/04	6,364	0	0
239	Building Improvements	11/16/05	11,840	699	0
243	Carpet	5/31/06	3,317	0	0
251	Phone/Security System	5/29/07	48,116	0	0
273	Air Conditioner	4/21/08	2,450	0	0
275	Learning Center Furniture	6/10/08	2,207	0	0
278	RV for Outreach	5/12/09	16,025	0	0
291	AC Electrical Control System	1/01/13	4,060	181	0
292	FIRE PANEL	1/01/13	3,965	177	0
293	FLOORING	1/01/13	4,971	222	0
303	Fire alarm System - Shelter	7/31/18	11,204	0	0
304	Roof Repair - Shelter	1/29/19	3,499	0	0
305	A/C - Clevener	6/18/19	2,498	0	0
			<u>173,332</u>	<u>1,279</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	36,694	0
157	Modular Building	11/08/02	1,119,300	28,700	0
204	Final Shelter Payment	7/01/02	12,608	324	0
240	Learning Center	5/04/06	76,592	1,963	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
284	Concrete work - Shelter	12/01/10	3,198	187	0
285	Holding Tank	6/14/10	4,066	0	0
286	Hobart Dishwasher	8/19/09	5,830	0	0
287	Hoshizaki Freezer	8/19/09	6,442	0	0
288	Hoshizaki Refrigerator	8/19/09	6,020	0	0
289	Vehicle wrapping RV	8/10/09	3,000	0	0
296	Phone equipment	12/31/13	45,000	0	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	9,333	0
299	Air Conditioner	7/26/17	4,800	480	0
300	Air Conditioner	10/31/17	4,800	480	0

**Future Depreciation Report** **FYE: 6/30/20****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
301	Air Conditioner	12/01/17	4,800	480	0
302	Computer equipment - ANS	3/12/18	4,052	811	0
	<b>Total Other Depreciation</b>		<u>5,683,885</u>	<u>150,788</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,683,885</u>	<u>150,788</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,857,217</u>	<u>152,067</u>	<u>0</u>

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Form **990**

## Tax Return History

**2018**

Name

**Crosswinds Youth Services, Inc.**

Employer Identification Number

**23-7376943**

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	2,887,313	3,268,216	2,825,917	2,946,867	3,150,936	
Membership dues						
Program service revenue				11,819	13,885	
Capital gain or loss	-60,987	695	825	2,457	1,727	
Investment income	2,703	3,622	5,873	10,654	14,864	
Fundraising revenue (income/loss)	72,685	87,920	124,932	113,657	83,410	
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>	<b>2,901,714</b>	<b>3,360,453</b>	<b>2,957,547</b>	<b>3,085,454</b>	<b>3,264,822</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	124,368	145,238	128,099	153,859	150,884	
Other compensation	1,597,115	1,890,974	1,894,025	1,998,249	2,090,407	
Professional fees	66,330	51,593	50,515	85,793	73,537	
Occupancy costs	140,049	107,707	107,599	107,600	121,969	
Depreciation and depletion	147,416	152,658	161,855	160,840	169,980	
Other expenses	912,885	714,249	674,683	681,407	682,685	
<b>Total expenses</b>	<b>2,988,163</b>	<b>3,062,419</b>	<b>3,016,776</b>	<b>3,187,748</b>	<b>3,289,462</b>	
<b>Excess or (Deficit)</b>	<b>-86,449</b>	<b>298,034</b>	<b>-59,229</b>	<b>-102,294</b>	<b>-24,640</b>	
<b>Total exempt revenue</b>	<b>2,901,714</b>	<b>3,360,453</b>	<b>2,957,547</b>	<b>3,085,454</b>	<b>3,264,822</b>	
Total unrelated revenue						
Total excludable revenue	-58,284	4,317	6,698	24,930	30,476	
Total Assets	4,662,499	4,979,994	4,896,809	4,791,336	4,728,945	
Total Liabilities	1,071,877	1,085,730	1,047,334	1,034,549	993,899	
Net Fund Balances	3,590,622	3,894,264	3,849,475	3,756,787	3,735,046	



**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest income	\$ 1,482		18			
Total	<u>\$ 1,482</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Total	\$ 13,382		18			
	<u>\$ 13,382</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Professional Fees	\$ 52,469	\$ 6,297	\$ 46,172	\$
Total	<u>\$ 52,469</u>	<u>\$ 6,297</u>	<u>\$ 46,172</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Dues & Licenses	\$ 33,941	\$ 18,885	\$ 14,974	\$ 82
Supplies	8,386	4,580	3,790	16
Personnel Processing	4,361	4,109	222	30
Literature & Education	322	56	266	
Allocated General & Admin		284,144	-313,316	29,172
Total	<u>\$ 47,010</u>	<u>\$ 311,774</u>	<u>\$ -294,064</u>	<u>\$ 29,300</u>

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

<u>Description</u>	<u>Amount</u>
Government Grants or Contributions	\$ 2,912,959
Private contributions	101,516
United Way	55,000
Private organization support	13,500
Private contributions	11,000
Duck Race	
Supplies	56,961
Total	\$ <u>3,150,936</u>

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# Federal Statements

## Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Brevard Cty Sheriff's Office Charity	\$ 65,167	\$
Total	\$ 65,167	\$ 0

COPY

## Federal Statements

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Other program revenue	\$ 13,885
Duck Race	164,701
Clue at the Zoo	
Derby	
Total	<u>\$ 178,586</u>

COPY

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

<u>Description</u>	<u>Amount</u>
Event expenses	\$ 24,330
Promo items - Noncash	56,961
Total	\$ <u>81,291</u>

COPY

# Federal Statements

## Clue at the Zoo

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Event Expenses	\$ _____
Total	\$ <u>0</u>

COPY

# Federal Statements

## Derby

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Event expense	\$ _____
Total	\$ <u>0</u>

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