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CIS898QPWF

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support 2014

RECEIVED

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

| Name | of the organization | | | | | | Т | Employer I | dentification | n numbe | , | 0,35 |
|-------------------------------------|---|--|--|--|------------------------------------|---------------------------------------|--|-------------------------|------------------------|-------------------------------------|--|--------------------|
| Semper Fi Community Task Force, Inc | | | | | | 20-8935277 | | | | | | |
| | | | rity Status (All orga | | | | | | instructi | ons. | · · | |
| 1 2 3 4 | A church, cor A school desc A hospital or a A medical res | evention of churc cribed in section a cooperative ho | ation because it is (Fo thes, or association of a 170(b)(1)(A)(ii). (Attar spital service organiz. on operated in conjun | f churche ch Sched ation des | s describ lufe E.) cribed in | ed in sec | tion 170 170(b)(1) | (b)(1)(A)((A)(iii). | |)(iii). Ent | er the | |
| 5 | An organizati | | the benefit of a colle | ge or un | iversity o | wned or | operated | by a go | vernmen | tal unit | descri | bed in |
| 6 7 | An organization | on that normally | nment or government receives a substantia (A)(vi). (Complete Pa | al part of | | | | | nit or froi | m the ge | eneral | public |
| 8 9 | An organization receipts from support from | on that normally activities related gross investme | in section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se | an 33¹/₃9 tions—su lated bu | 6 of its sibject to siness ta | upport fro certain e ixable inc | xceptions come (le: | s, and (2 ss sectio |) no mor | e than 3 | 331/396 | of its |
| 10 11 | An organizati purposes of c 509(a)(3). Che | on organized ar one or more put ock the box that | d operated exclusively and operated exclusively blicly supported organ describes the type of | ely for th nizations supportin | ne benefi describe ng organi | it of, to d in sect zation an | perform tion 509(a d comple | the func a)(1) or s | tions of, ection 50 | 9(a)(2). | arry c See s | ut the |
| e | other than for or section 509 | this box, I certify undation manage (a)(2) | that the organization ers and other than on a written determination | is not co e or more | e publicly | directly of support | r indirectl ed organ | y by one | described | disquali I in sect | fied paid | ersons)9(a)(1) |
| g | organization, o Since August | check this box 17, 2006, has t | he organization acce | | | | | | | | | · 🗆 |
| | (iii) below, (iii) A family m | who directly or i the governing bo ember of a perso | ndirectly controls, eith ody of the supported of on described in (i) abo a person described in | organizat ove? . | ion? . | | persons | describe | d in (ii) ai | 11g(11g(11g(i | n | No |
| h | | | on about the support | | | | | | | 4.5 | <u>' </u> | |
| (I) | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support? | | nization İn of your | (vi) is the organization in col (i) organized in the U.S.? | | | viii) Amount of monetary support | | |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

the constitute of the contract of the contract of the contract of the contract of

| Part | Support Schedule for Organiza | ations Descr | ibed in Sect | ions 170(b)(1 |)(A)(iv) and | 170(b)(1)(A)(v | i) |
|-----------|--|------------------------------------|-----------------------------------|------------------------------------|-------------------|-----------------------|---------------------------------------|
| | (Complete only if you checked the | | | | | | alify under |
| | Part III. If the organization fails to | qualify unde | er the tests lis | sted below, p | lease comple | ete Part III.) | |
| | on A. Public Support | | | | · | | |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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 | Public support. Subtract line 5 from line 4 | <u> </u> | | | <u> </u> | <u> </u> | |
| | on B. Total Support | | | | | | · · · · · · · · · · · · · · · · · · · |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 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 IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. | - | | | • | 12 | |
| 13 | First five years. If the Form 990 is for th | _ | | d, third, fourth | i, or fifth tax y | ear as a section | |
| | organization, check this box and stop he | | | <u> </u> | | | . ₽> [|
| | on C. Computation of Public Suppor | | | | | T-1 | |
| 14 | Public support percentage for 2013 (line 6 | | | | | 14 | <u>%</u> |
| 15 16a | Public support percentage from 2012 Sch 331/3% support test—2013. If the organization | nedule A, Part | II, IINO 14 . | on line 13 and | d line 14 ie 331 | 15 | % |
| Ιψα | box and stop here . The organization qua | | | | u iiile 14 i5 00 | 370 Or Indie, C | . > [|
| b | | nization did no | ot check a box | c on line 13 or | | ອ 15 ເຮ 33¹ລ% | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f organization | 013. If the orga | anization did na and-circumsta | ot check a box inces" test, che | on line 13, 16 | nd stop here. I | line 14 is Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization in supported organization | tion meets the neets the "facts | facts-and-c | rcumstances" | test, check th | nis box and st | op here |
| 18 | Private foundation. If the organization di | | | , 16a, 16b, 17a | a, or 17b, chec | k this box and | |
| | instructions | | | • • | | <u> </u> | . 🗈 🗀 |

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

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

| Sect | on A. Public Support | under the tes | sts listed beig | w, please co | inpiete rait i | | |
|-------|--|-----------------------|-----------------|--------------------|---------------------------------------|-----------------|-----------------------|
| | idar year (or fiscal year beginning in) | (a) 200g g | (b) 201609 | (c) 201/0 | (d) 20121 | (e) 20137 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (2,23,20) | (2) 200) | (4) 23 9. | (9) = 9 /= 1 | (0) 20 02 3 | (1) 10(4) |
| | received (Do not include any "unusual grants") | 76,774 | 97,939 | 139,876 | 227,201 | 313,641 | 855,431 |
| 2 | Gross receipts from admissions, merchandise | | 0.7000 | 100,010 | | 0.0,0 | 000,401 |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | i | | |
| | organization's tax-exempt purpose | ļ | | j | 1 | [| |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | ŀ | j | | | · | |
| | to or expended on its behalf | 1 | | | | | |
| 5 | The value of services or facilities | | | - | | | |
| | furnished by a governmental unit to the | į | | | | | |
| | organization without charge . | | | | | | |
| 6 | Total. Add lines 1 through 5 | 76,774 | 97,939 | 139,876 | 227,201 | 313,641 | 855,431 |
| 7a | Amounts included on lines 1, 2, and 3 | | j | | [| | |
| | received from disqualified persons | | | | | | 0 |
| þ | Amounts included on lines 2 and 3 | i | + | | ļ | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | } |] | | | | |
| _ | - 1 | | | | | | 0 |
| 8 | Add lines 7a and 7b Public support (Subtract line 7c from | | | | | | 0 |
| o | line 6.) | | 1 | | | | |
| Secti | on B. Total Support | | | | <u>-</u> | | <u>855,431</u> |
| | dar year (or fiscal year beginning in) | (a) 2009 % | (b) 201609 | (c) 201//O | (d) 201Z | (e) 20132 | (f) Total |
| 9 | Amounts from line 6 | 76,774 | 97,939 | 139,876 | 227,201 | 313,641 | 855,431 |
| 10a | Gross income from interest, dividends, | 70,3.17 | 07,000 | 700,070 | 227,201 | 313,041 | 030,431 |
| | payments received on secuntles loans, rents, | | Ì | 1 | į | | |
| | royalties and income from similar sources | | | 1 | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | 1 | | | | | |
| | acquired after June 30, 1975 . | | | | | | |
| С | Add lines 10a and 10b . | | | | | | |
| 11 | Net income from unrelated business | | | | | : | |
| | activities not included in line 10b, whether | 1 | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or | + | | į | 1 | - | |
| | loss from the sale of capital assets | | | | | 1 | |
| 12 | (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | _ |
| 14 | First five years. If the Form 990 is for the | 76,774 | 97,939 | 139,876 | 227,201 | 313,641 | 855,431 |
| , - | organization, check this box and stop her | e organization : | | , triira, lourtri, | or min tax ye | ar as a section | |
| Secti | on C. Computation of Public Support | | • • | | · · · · · · · · · · · · · · · · · · · | : | <u> </u> |
| 15 | Public support percentage for 2013 (line 8 | | |), column (fi) | | 15 | 100.00 % |
| 16 | Public support percentage from 2012 Sch | | - | ., | | 16 | 100.00 % |
| Secti | on D. Computation of Investment Inc | | | | | · | |
| 17 | Investment income percentage for 2013 (li | | | line 13, colum | n (f)) | 17 | .00 % |
| 18 | Investment income percentage from 2012 | | | | | 18 | % |
| 19a | 331/3% support tests-2013. If the organiz | ation did not d | check the box | on line 14, and | f line 15 is mo | re than 331/3% | , and line |
| | 17 is not more than 331/3%, check this box a | | | | | | |
| b | 331/3% support tests—2012. If the organization | ation did not chi | eck a box on li | ne 14 or line 19 | a, and line 16 | s more than 33 | ¹ /3%, and |
| | line 18 is not more than 331,3%, check this b | ox and stop he | re. The organiz | ation qualifies a | is a publicly su | pported organiz | ation 🕨 🔲 |
| 20 | Private foundation. If the organization did | I not check a be | ox on line 14. | 19a, or 19b, ch | eck this box a | nd see instruct | ions 🏞 🗀 |

| Schedule A (Form 990 or 990-EZ) 2013 | | | | | |
|--------------------------------------|---|--|--|--|--|
| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | |
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CIS898QPWF

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SEMPER FI COMMUNITY TASK FORCE INC PO BOX 1061 MADISON AL 35758



DECLARATION

018325

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee Date

Title