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SCANNED AUG 21 2014

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs gov/form990.

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3 Tax-exempt status (check only one)						
Form of organization: X Corporation Trust Association Other						
L Add lines \$b, 6c, and 7b, to line 9 to determine gross recepits. If gross recepits are \$200,000 or more, or if total assets (Part II) \$ column (6) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Check if the organization used Schedule 0 to respond to any question in this Part I The Evenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I I contributions, gifts, grants, and similar amounts received. I 1 1.4, 1.15. I 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: drect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue, describe in Schedule 0) 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Coupancy, rent, buttless, and mantlenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (Identicit) for the year (Subtract line 17 from line 9) 19 Other changes in	_			(For	m 990,	, 990-EZ, or 990-PF).
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 16 17 17,590. 18 2,434.	х		• • •			202
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	990-EZ (2013) JUSTICE FOUNDATION, INC.			, 0	38737	6 / Page
Pa	rt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp			_		
		(<i>F</i>) Beginning of year	1	(B) ⊨	nd of year
22	Cash, savings, and investments		0	_		2,434
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		2 424
25	Total assets	<u> </u>	0			2,434
26	Total liabilities (describe in Schedule 0)		0	• 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0	• 27		2,434
Pa	rt III Statement of Program Service Accomplishmen			X		rpenses for section
	Check if the organization used Schedule O to response	ond to any question	in this Part III_		501(c)(3)	and 501(c)(4)
	t is the organization's primary exempt purpose? SEE SCHEDULE O					ons and section) trusts; optional
	ribe the organization's program service accomplishments for each of its three largest program ser, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title			for others.	
	TENNIS TOURNAMENT HELD TO RAISE FUN					
	SCHOOLS SERVING ECONOMICALLY DISADV	ANTED CHILDRE	N IN			
	PENSACOLA, FL.					2 400
	(Grants \$ 0 •) If this amount includes foreign g	rants, check here	<u> </u>	Ш	28a	3,420
29			 			
				-	00.	
	(Grants \$) If this amount includes foreign g	rants, check here	>		29a	
30						
			· · · · · · · · · · · · · · · · · · ·			
	/O t th	reate about boro			30a	
21	(Grants \$) If this amount includes foreign of Other program services (describe in Schedule O)	rants, check here		<u> </u>	304	
31	(Grants \$) If this amount includes foreign of	rants check here			31a	
		ianto, chiock horo				
32					32	3,420
	Total program service expenses (add lines 28a through 31a)		ven if not compensated -	see the	32 instructions	3 , 420 of or Part IV)
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e		see the		
	Total program service expenses (add lines 28a through 31a)	mployees (list each one e	in this Part IV	(d) He	instructions t	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e bond to any question (b) Average hours per week devoted to	in this Part IV	(d) He	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
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Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	mployees (list each one e bond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
Pa JU	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response and title	mployees (list each one e bond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
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Page 3

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
_	mandonolis for trait vy official in organization accessors to to respend to any question in the		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			1
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			l
_	on lines 2, 6a, and 7a, among others)?	35a	N/	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	14/	<u></u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	- 000		
•	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter: Intriation fees and capital contributions included on line 9 N/A			
		┨		
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	İ	Ì
40 a	section 4911 O • ; section 4912 O • ; section 4955 O • ; section 4955			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			1
•	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			-
	If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		1	1
	organization •	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		x
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	100	l	1
	The organization's books are in care of JUSTIN WITKIN Telephone no. 850-20	2-1	010)
	Located at ▶ 17 E. MAIN STREET, SUITE 200, PENSACOLA, FL ZIP+4 ▶ 3			
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		Yes	No
	account)?	42b	 	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	ł	x
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	720	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	.	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	١		٠,,
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44b		x
	of Form 990-EZ	440 44c	+-	$\frac{\hat{x}}{x}$
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	140	1	+==
U	In Schedule O	44d		1
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
332	173	Form	990-EZ	(2013

If Yes, complete Schedule C, Part	IE 'Did the are	representation and an extractive or indirective in political companies	activities on behalf of a	r in annouitie	on to condidates for n	ublic offices [Yes	NO
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47.49b and 52, and complete the tables for lines 50 and 51.	-	· · · · · · · · · · · · · · · · · · ·	activities on behalf of or	in oppositio	on to candidates for pt	1	46	x
Check if the organization used Schedule O to respond to any question in this Part VI Ves 1 7 Old the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 48 8 19 Did the organization ask end is additionable of the organization ask end is affected organization? 8 10 H **Yes," was the related organization a section 527 organization? 9 Did the organization make any trainiser to an event in orcharitative tested organization? 9 Did the organization for the organization is the hiphest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None. (a) Name and title of each employee in the organization is the highest compensated midependent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractor seath receiving over \$100,000 52 Did the organization complete Schedule A Note. All section \$501(s)(3) organizations and 4947(s)(1) nonexempt characteristic states in part of the organization of ordary and the part of the organization of the ordary and the part of the organization of the ordary and the part of the organization of the ordary and the part of the organization of the ordary and the part of the organization of the ordary and the part of the part of the organizatio					·····	·····		
7 Did the organization engage in lobbying activities or have a section 50 (in) election in effect during the tax year? If "Yes," complete Sch. C., Part II 47 48 49 49 49 49 49 49 49		All section 501(c)(3) organizations must answer question	ons 47-49b and 52, a	nd complet	te the tables for line	s 50 and 51.		
17		Check if the organization used Schedule O to respond	to any question in th	ıs Part VI				
8 Is the organization aschool as described in section 170(b)(1)(h)(ii)(ii) if Yes, complete Schedule E 48 199 Did the organization shake any transfers to an exempt non-charitable related organization? 48 49 100 Did the organization shake any transfers to an exempt non-charitable related organization? 48 190 Did the organization shake any transfers to an exempt non-charitable related organizations as each star? Organization? 48 49 100 Did than \$100,000 of compensation from the organization. If there is none, enter *None.* (a) Name and title of each employee (b) Average hours per week devoted to position (b) Average hours per week devoted to position (c) Reportation in the position (e) Exemption (e) Exemptio						_		
1 Total number of other employees paid over \$100,000					ear? If "Yes," complete			X
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Sign Here JUSTIN WITKIN, PRESIDENT Type or print name odd title Print/Type preparer's name Preparer Use Only Firm's name ▶ RANDALL L. SANSOM, C.P.A., P.A. Firm's address ▶ 87 BAYBRIDGE PARK GULF BREEZE, FL 32561 May the IRS discuss this return with the preparer shown above? See instructions Date 8.5 -20/4 Polo183821 Polone no. (850)932-5335	Inder penalties of	opriury riceciare mat viave examinee this feture, including accompany	ying schedules and statemer	its, and to the	pest of my knowledge and	Deller, It is true, con	ect, and com	ріете
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Form 990-EZ (2	viay the INS dis	beas and return with the preparer shown above? See instruc	בווטווס					

Form 990-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

AYLSTOCK, WITKIN, KREIS & OVERHOLTZ JUSTICE FOUNDATION, INC.

Employer identification number 38-3873767

Part I	Dogge 4	for Bublic Char	ty Status (All				\C- :					
			ity Status (All organiz					ructions				
			pecause it is: (For lines 1									
1 ⊨	A church, cor	evention of churches	s, or association of churc	ches desc	rıbed in se	ction 170	(b)(1)(A)(i)	•				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	·		tal service organization o									
لــا 4	A medical res	earch organization of	operated in conjunction	with a hos	pital descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nam	ne,
	city, and state	e:										
5 🖳	An organizati	on operated for the l	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🛄	A federal, sta	te, or local governme	ent or governmental unit	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7 🗀	An organizatı	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	ribed	ın
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h	Provide the f	ollowing information	about the supported or	ganization	(S).							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 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)

Sec	tion A. Public Support					,	
Cale	ndar 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						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge			<u></u>		<u></u>	
4	Total. Add lines 1 through 3				<u> </u>		·
5	The portion of total contributions						
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,						
	column (f)					ļ	
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar 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					1	
	and income from similar sources						
9	Net income from unrelated business		ļ				
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1				
	assets (Explain in Part IV)		<u> </u>				
11	Total support. Add lines 7 through 10		ļ			 	
	Gross receipts from related activities					12	<u></u>
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	. \Box
	organization, check this box and sto	p here		·			
	ction C. Computation of Pub				· -	T 44 T	
	Public support percentage for 2013 (column (f))		14	% %
	Public support percentage from 2012			. 40	44 - 00 4/00/	15	
1 6 a	33 1/3% support test - 2013. If the				3 14 IS 33 1/3% Of	more, check this b	ox and
	stop here. The organization qualifies				d line 15 20 4 /0/	14 or more sheet	hie boy
t	33 1/3% support test - 2012. If the				iu iine 15 is 33 1/3	zo or more, check t	I IIS DOX
	and stop here. The organization qua	lifies as a publicly	supported organ	ization	10 10 16b	and line 14 is 100/	or more
17a	10% -facts-and-circumstances tes	ετ - 2013. If the or	ganization did not	check a box on lif	here Evelor is D	and line 14 is 10%	nuzation
	and if the organization meets the "fac-					art iv now the orga	mzauon
	meets the "facts-and-circumstances"					170 and line 15 in	10% or
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						▶ □
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on ala not check a	a box on line 13, 1	ua, 100, 17a, or 1.		edule A (Form 99	
					301	.calo A fi oi iii aa	, 10

Schedule A (Form 990 or 990-EZ) 2013 JUSTICE FOUNDATION, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fai	ils to
---	--------

Sec	ction A. Public Support	slow, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					14,11	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>				14,11	5. 14,115.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
C	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						0.
c	Add lines 7a and 7b						0.
8 Se	Public support (Subtract line 7c from line 6.)			<u> </u>	<u> </u>	<u> </u>	14,115.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties					14,11	5. 14,115.
Ł	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					14,11	5. 14,115.
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	r the organization	's first second the	rd fourth or fifth t	ax vear as a secti		
. 7	check this box and stop here	ano organización	o mot, accord, tri	. =, . = =	, 40 4 50011	55 (G)(G) OIG	.
Se	ction C. Computation of Publ	ic Support Pe	ercentage		 		
	Public support percentage for 2013 (I			column (f))		15	100.00 %
16	Public support percentage from 2012	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	·		, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 20) 13 (line 10c, colu	ımn (f) divided by lı	ne 13, column (f))		17	.00 %
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2013. If the						ine 17 is not
ŧ	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che						tion
<u>20</u>	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	nis box and see ir	nstructions	

 Schadula A	AYLSTOCK, WITKIN, KREIS & OVERHOLTZ (Form 990 or 990-EZ) 2013 JUSTICE FOUNDATION, INC. 38-3873767 Page 4
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).

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 AYLSTOCK, WITKIN, KREIS & OVERHOLTZ

Employer identification number

JUSTICE FOUNDATION, INC. 38-3873767 FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: AMERICAN CANCER SOCIETY GRANTEE ADDRESS: 5401 CORPORATE WOODS DRIVE PENSACOLA, FL 32504 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 2,500. DATE OF GIFT: 12/31/13 2,500. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: BRENTWOOD ELEMENTARY SCHOOL GRANTEE ADDRESS: 75 NORTH PACE BLVD PENSACOLA, FL 32505 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 6,019. DATE OF GIFT: 12/31/13 6,019. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHARITABLE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

GRANTEE NAME: WEIS ELEMENTARY SCHOOL

SCHEDULE O

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 AYLSTOCK, WITKIN, KREIS & OVERHOLTZ

Employer identification number

JUSTICE FOUNDATION, INC. 38-3873767 GRANTEE ADDRESS: 75 NORTH PACE BLVD PENSACOLA, FL 32505 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 5,014. DATE OF GIFT: 12/31/13 5,014. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: ESCAMBIA HIGH SCHOOL BASEBALL BOOSTERS GRANTEE ADDRESS: 75 NORTH PACE BLVD PENSACOLA, FL 32505 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 100. DATE OF GIFT: 12/31/13 100. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: GULF BREEZE HIGH SCHOOL SOCCER BOOSTERS GRANTEE ADDRESS: 675 GULF BREEZE PARKWAY GULF BREEZE, FL 32561 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH

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Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

SCHEDULE 0

(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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

AYLSTOCK, WITKIN, KREIS & OVERHOLTZ Emplo

JUSTICE FOUNDATION,

38-3873767

Employer identification number

ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: GOOD WISHES GRANTEE ADDRESS: 349 E. THIRD STREET NORTH BEND, WA 98045 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 100. DATE OF GIFT: 12/31/13 AMOUNT GIVEN: 100. ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: REAP, INC. GRANTEE ADDRESS: 23 E. 1ST STREET HUTCHINSON, KS 67501 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 1,000. DATE OF GIFT: 12/31/13 1,000. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: SOUTHERN YOUTH SPORTS ASSOCIATION GRANTEE ADDRESS: 920 W. GREGORY STREET PENSACOLA, FL 32502 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

SCHEDULE 0

(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.

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OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 AYLSTOCK, WITKIN, KREIS & OVERHOLTZ

Employer identification number

JUSTICE FOUNDATION, INC. 38-3873767 METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 300. DATE OF GIFT: 12/31/13 AMOUNT GIVEN: 300. ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: MILTON HIGH SCHOOL CHEERLEADING BOOSTERS GRANTEE ADDRESS: 5086 CANAL STREET MILTON, FL 32570 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 50. DATE OF GIFT: 12/31/13 50. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: PENSACOLA CATHOLIC HIGH SCHOOL TENNIS BOOSTERS GRANTEE ADDRESS: 3043 W. SCOTT STREET PENSACOLA, FL 32505 GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH BOOK VALUE OF PROPERTY: 400. DATE OF GIFT: 12/31/13 400. AMOUNT GIVEN:

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Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
AYLSTOCK, WITKIN, KREIS & OVERHOLTZ Emplo JUSTICE FOUNDATION

Employer identification number 38-3873767

BOBITCE FOUNDATION, INC.
GRANTEE RELATIONSHIP: NONE
PROPERTY DESCRIPTION: CASH
METHOD USED TO DETERMINE BOOK VALUE: CASH
METHOD USED TO DETERMINE FMV: CASH
BOOK VALUE OF PROPERTY: 1,090.
DATE OF GIFT: 12/31/13
AMOUNT GIVEN: 1,090.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10 16,573.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION'S MISSION
IS TO MAKE DONATIONS TO LOCAL AND NATIONAL CHARITABLE ORGANIZATIONS
THAT SERVE THE UNDERPRIVILEGED, THE UNDERREPRESENTED AND/OR THE CAUSE
OF JUSTICE.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs gov/form8868 •

OMB No 1545-1709

r II yo	are ming for an Automatic 3-Month Extension, complete	te only Pa	art I and Check this box			
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	m 8868	
	nic filing (e-file). You can electronically file Form 8868 if y					orporation
	d to file Form 990-T), or an additional (not automatic) 3-mor					
-	to file any of the forms listed in Part I or Part II with the exc		•		•	
	al Benefit Contracts, which must be sent to the IRS in pap	•				
	www.rs.gov/efile and click on e-file for Chanties & Nonprofits		(See morrosses). For more detaile	0.11 (1.10 0.00)	on one ming or a	113 101111,
Part			submit original (no copies ne	eded)		
				-		
	pration required to file Form 990-T and requesting an auton	nauc 6-mc	onth extension - check this box and	complete		_
Part I o	•			_4		
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns	IICs, and t	rusts must use Form 7004 to reque			
		_			er's identifying i	
Гуре о	· •			Employer	ridentification ni	umber (EIN) or
orint	AYLSTOCK, WITKIN, KREIS & C	OVERH	OLTZ			
ile by the	JUSTICE FOUNDATION, INC.		· · · · · · · · · · · · · · · · · · ·	ļ <u>.</u> .	38-3873	767
iue date		ee instruc	tions.	Social se	curity number (S	SSN)
ılıng your eturn Se		00				
nstruction		oreign add	lress, see instructions.			
	PENSACOLA, FL 32502					
				-		_
Enter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		•	,			
Applica	ation	Return	Application			Return
s For	1	Code	Is For			Code
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
orm 9		02	Form 1041-A			08
		03	Form 4720 (other than individual)			09
	720 (individual)	04	Form 5227			10
orm 9			Form 6069		· ·	
	90-T (sec. 401(a) or 408(a) trust)	05				11
-orm 9	90-T (trust other than above) JUSTIN WITKIN	06	Form 8870			12
		. जन्म	CIITME 200 DENCAC	10T 3	TET 22502	
The	books are in the care of \triangleright 17 E. MAIN STRI	CCT,	SUITE 200 - PENSAC	.ULA,	FL 32302	
	phone No. ► 850-202-1010		Fax No.			. [
	e organization does not have an office or place of business					
If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole grou	p, check this
oox 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	of all memb	ers the extension	n is for
1	request an automatic 3-month (6 months for a corporation					
_	AUGUST 15, 2014 , to file the exemp	t organiza	ition return for the organization nam	ed above.	The extension	
	s for the organization's return for					
	► X calendar year 2013 or					
)	tax year beginning	, an	id ending			
		 -				
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: X Initial return	Final retur	n	
	Change in accounting period					
3a	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any			
	conrefundable credits. See instructions.	,		3a	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	1		
	estimated tax payments made. Include any prior year overp			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa			-		
				3с	s	0.
	y using EFTPS (Electronic Federal Tax Payment System): n. If you are going to make an electronic funds withdrawal				od Form 9970 F	
nstruc		i (direct de	with this Form 6000, see FORM	uado-eu ai	10 1 01111 0079-E	o ioi payment

Form 8868 (Rev. 1-2014)

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

LHA 323841 12-31-13