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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**Florida Hometown USA Program, Inc.**

Doing Business As  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. Box 337**

City or town, state or province, country, and ZIP or foreign postal code  
**Fruitland Park FL 34731**

**D** Employer identification number  
**74-3013947**

**E** Telephone number  
**352-326-4217**

**F** Name and address of principal officer  
**Linda Watts  
1514 N. Lakeview Avenue  
Leesburg FL 34748**

**G** Gross receipts \$ **96,841**

**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) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: **N/A**

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation **2002**

**M** State of legal domicile **FL**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**See attached statements #1 & #2**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a) **3** **0**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **0**

**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5** **0**

**6** Total number of volunteers (estimate if necessary) **6** **0**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

|  | Prior Year                | Current Year  |
|--|---------------------------|---------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                       | <b>110,492</b>            | <b>96,837</b> |
| <b>9</b> Program service revenue (Part VIII, line 2g)  |                           | <b>0</b>      |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | <b>10</b>                 | <b>4</b>      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |                           | <b>0</b>      |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <b>110,502</b>            | <b>96,841</b> |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |                           | <b>0</b>      |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                      |                           | <b>0</b>      |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                           | <b>0</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>4,901</b>              |                           |               |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | <b>96,386</b>             | <b>89,683</b> |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)           | <b>96,386</b>             | <b>89,683</b> |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                                | <b>14,116</b>             | <b>7,158</b>  |
|  | Beginning of Current Year | End of Year   |
| <b>20</b> Total assets (Part X, line 16)   | <b>65,274</b>             | <b>72,429</b> |
| <b>21</b> Total liabilities (Part X, line 26)  | <b>184</b>                | <b>181</b>    |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                          | <b>65,090</b>             | <b>72,248</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 **Linda Watts** Date **11-12-14**

Type or print name and title **Linda Watts, Pres.**

**Paid Preparer Use Only**

Print/Type preparer's name **Daniel M. Andrews, CPA** Preparer's signature **[Signature]** Date **11/07/14** Check ☐ if self-employed PTIN **P00534575**

Firm's name **Andrews & Miller, PA** Firm's EIN **59-3184597**

Firm's address **P.O. Box 491271  
Leesburg, FL 34749** Phone no **352-326-8001**

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

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**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 attached statements #1 & #2****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.

|                                |               |                        |             |                 |
|--------------------------------|---------------|------------------------|-------------|-----------------|
| <b>4a</b> (Code ) (Expenses \$ | <b>28,107</b> | including grants of \$ | (Revenue \$ | <b>25,857</b> ) |
| <b>Pageants</b>                |               |                        |             |                 |

|                                |               |                        |             |                 |
|--------------------------------|---------------|------------------------|-------------|-----------------|
| <b>4b</b> (Code ) (Expenses \$ | <b>56,675</b> | including grants of \$ | (Revenue \$ | <b>64,993</b> ) |
| <b>Hometown USA Program</b>    |               |                        |             |                 |

|                                 |  |                        |             |   |
|---------------------------------|--|------------------------|-------------|---|
| <b>4c</b> (Code: ) (Expenses \$ |  | including grants of \$ | (Revenue \$ | ) |
|---------------------------------|--|------------------------|-------------|---|

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

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

**4e** Total program service expenses **84,782**

**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   | <b>X</b> |          |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |          | <b>X</b> |
| 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            |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |          | <b>X</b> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |          | <b>X</b> |
| 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 |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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)  |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 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   |          | <b>X</b> |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |          | <b>X</b> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |          |          |

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

|   | Yes      | No       |
|---|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |          | <b>X</b> |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |          | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |          | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                           |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |          | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |          | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    |          | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |          | <b>X</b> |
| <b>28</b> 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):   |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | <b>X</b> |          |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1   |          | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |          | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |          |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |          | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |          | <b>X</b> |
| <b>38</b> 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   |          | <b>X</b> |

**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   |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     | X  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |     |    |
| 4a  | 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   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| 6a  | 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   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| a   | 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   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| a   | Did the organization make any taxable distributions under section 4966?  |     |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| a   | Gross income from members or shareholders  |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br>Note. See the instructions for additional information the organization must report on Schedule O.  |     |    |
| 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  |     |    |
| c   | Enter the amount of reserves on hand   |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

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

**Section A. Governing Body and Management**

|   | Yes      | No       |
|---|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>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>1b</b> Enter the number of voting members included in line 1a, above, who are independent  |          |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |          | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?   |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?   |          | <b>X</b> |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  |          | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  |          |          |
| <b>a</b> The governing body?  | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?  | <b>X</b> |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |          | <b>X</b> |

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

|   | Yes | No       |
|---|-----|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   |     | <b>X</b> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  |     | <b>X</b> |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  |     | <b>X</b> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |          |
| <b>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>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<br>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 ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Linda Watts**

Leesburg

1514 Lakeview Avenue  
FL 34748

352-326-4217

**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 organizations compensated any current officer, director, or trustee

| (A)<br>Name and Title          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) Linda Watts<br>President   | 32.00<br>0.00  | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) Allen Watts<br>Treasurer   | 2.00<br>0.00   | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) Angie Mitchem<br>Secretary | 1.00<br>0.00   | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) Beverly Baird Boothe       | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) Philip Mitchem             | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) Nona Nohra                 | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) Ericka Dunlap              | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Kim Scheidner              | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) David Knowles              | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) Jim Safford               | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (11)                           |  |  |                       |         |              |                              |        |  |   |   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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)   |  |   |                       |         |              |                              |        |  |   |   |
| (13)   |  |   |                       |         |              |                              |        |  |   |   |
| (14)   |  |   |                       |         |              |                              |        |  |   |   |
| (15)   |  |   |                       |         |              |                              |        |  |   |   |
| (16)   |  |   |                       |         |              |                              |        |  |   |   |
| (17)   |  |   |                       |         |              |                              |        |  |   |   |
| (18)   |  |   |                       |         |              |                              |        |  |   |   |
| (19)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** 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
- 5** 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

|          | Yes | No       |
|----------|-----|----------|
| <b>3</b> |     | <b>X</b> |
| <b>4</b> |     | <b>X</b> |
| <b>5</b> |     | <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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|---|-------------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>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>         |                      |  |   |  |
|   | <b>d</b> Related organizations  | <b>1d</b>         |                      |  |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>         |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>         | 96,837               |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f  |                   | \$ 52,919            |  |   |  |
|   | <b>h</b> Total. Add lines 1a-1f   |                   | 96,837               |  |   |  |
| <b>Program Service Revenue</b>                                    |   | Busn. Code        |                      |  |   |  |
|   | <b>2a</b>   |                   |                      |  |   |  |
|   | <b>b</b>  |                   |                      |  |   |  |
|   | <b>c</b>  |                   |                      |  |   |  |
|   | <b>d</b>  |                   |                      |  |   |  |
|   | <b>e</b>  |                   |                      |  |   |  |
|   | <b>f</b> All other program service revenue  |                   |                      |  |   |  |
|   | <b>g</b> Total. Add lines 2a-2f   |                   |                      |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts)  |                   | 4                    | 4  |   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |                   |                      |  |   |  |
|   | <b>5</b> Royalties  |                   |                      |  |   |  |
|   |   | (i) Real          | (ii) Personal        |  |   |  |
|   | <b>6a</b> Gross rents   |                   |                      |  |   |  |
|   | <b>b</b> Less rental exps   |                   |                      |  |   |  |
|   | <b>c</b> Rental inc or (loss)   |                   |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss)  |                   |                      |  |   |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities    | (ii) Other           |  |   |  |
|   | <b>b</b> Less cost or other<br>basis & sales exps   |                   |                      |  |   |  |
|   | <b>c</b> Gain or (loss)   |                   |                      |  |   |  |
|   | <b>d</b> Net gain or (loss)   |                   |                      |  |   |  |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>          |                      |  |   |  |
|   | <b>b</b> Less direct expenses   | <b>b</b>          |                      |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events   |                   |                      |  |   |  |
|   | <b>9a</b> Gross income from gaming activities.<br>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>10a</b> Gross sales of inventory, less<br>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>Miscellaneous Revenue</b>                                      |   | <b>Busn. Code</b> |                      |  |   |  |
| <b>11a</b>  |   |                   |                      |  |   |  |
| <b>b</b>  |   |                   |                      |  |   |  |
| <b>c</b>  |   |                   |                      |  |   |  |
| <b>d</b> All other revenue  |   |                   |                      |  |   |  |
| <b>e</b> Total. Add lines 11a-11d                                 |   |                   |                      |  |   |  |
| <b>12</b> Total revenue. See instructions                         |   |                   | 96,841               | 4  | 0                                       | 0  |

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 330                   | 330                             |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 136                   | 136                             |  |                             |
| 12 Advertising and promotion  | 1,290                 | 1,290                           |  |                             |
| 13 Office expenses  | 2,290                 | 2,290                           |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   | 4,901                 |                                 |  | 4,901                       |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a Program Expense   | 63,263                | 63,263                          |  |                             |
| b Awards Expense  | 17,473                | 17,473                          |  |                             |
| c   |                       |                                 |  |                             |
| d   |                       |                                 |  |                             |
| e All other expenses  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 89,683                | 84,782                          | 0                                      | 4,901                       |
| 26 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 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)<br>Beginning of year |        | (B)<br>End of year |
|---|---|--------------------------|--------|--------------------|
| <b>Assets</b>   | 1 Cash—non-interest bearing   | 27,996                   | 1      | 33,584             |
|   | 2 Savings and temporary cash investments  | 37,278                   | 2      | 38,845             |
|   | 3 Pledges and grants receivable, net  |                          | 3      |                    |
|   | 4 Accounts receivable, net  |                          | 4      |                    |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | 5      |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                          | 6      |                    |
|   | 7 Notes and loans receivable, net   |                          | 7      |                    |
|   | 8 Inventories for sale or use   |                          | 8      |                    |
|   | 9 Prepaid expenses and deferred charges   |                          | 9      |                    |
|   | 10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D   | 10a                      |        |                    |
|   | b Less: accumulated depreciation  | 10b                      | 10c    |                    |
|   | 11 Investments—publicly traded securities   |                          | 11     |                    |
|   | 12 Investments—other securities. See Part IV, line 11   |                          | 12     |                    |
|   | 13 Investments—program-related. See Part IV, line 11  |                          | 13     |                    |
|   | 14 Intangible assets  |                          | 14     |                    |
| 15 Other assets. See Part IV, line 11                               |   | 15                       |        |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 65,274  | 16                       | 72,429 |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses  | 184                      | 17     | 181                |
|   | 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   |                          | 23     |                    |
|   | 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  | 184                      | 26     | 181                |
| <b>Net Assets or Fund Balances</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.   |                          |        |                    |
|   | 27 Unrestricted net assets  | 65,090                   | 27     | 72,248             |
|   | 28 Temporarily restricted net assets  |                          | 28     |                    |
|   | 29 Permanently restricted net assets  |                          | 29     |                    |
|   | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.  |                          |        |                    |
|   | 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>                         | 65,090  | 33                       | 72,248 |                    |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 65,274  | 34                       | 72,429 |                    |

**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  | 96,841 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 89,683 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 7,158  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 65,090 |
| 5  | Net unrealized gains (losses) on investments   | 5  |        |
| 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 | 72,248 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ 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:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c 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.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b |     | X  |
| 2c |     |    |
| 3a |     |    |
| 3b |     |    |

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public  
Inspection

Florida Hometown USA Program, Inc.

Employer identification number  
74-3013947

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (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? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
| (A)                                |          |   |  |    |   |    |  |    |                                  |
| (B)                                |          |   |  |    |   |    |  |    |                                  |
| (C)                                |          |   |  |    |   |    |  |    |                                  |
| (D)                                |          |   |  |    |   |    |  |    |                                  |
| (E)                                |          |   |  |    |   |    |  |    |                                  |
| Total                              |          |   |  |    |   |    |  |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 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.")  | 135,181  | 124,566  | 117,021  | 110,492  | 96,837   | 584,097   |
| 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   | 135,181  | 124,566  | 117,021  | 110,492  | 96,837   | 584,097   |
| 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.   |          |          |          |          |          | 584,097   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  | 135,181  | 124,566  | 117,021  | 110,492  | 96,837   | 584,097   |
| 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 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 584,097   |

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

12 4

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 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00% |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14                       | 15 | 100.00% |

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐b **10%-facts-and-circumstances test—2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

**Section A. Public Support**

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| 14 <b>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**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 | % |

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

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                        | 18 | % |

19a **33 1/3% support tests—2013.** 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—2012.** 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** **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 M**  
**(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Florida Hometown USA Program, Inc.**

Employer identification number

**74-3013947**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art — Works of art   |                               |  |  |  |
| 2 Art — Historical treasures                                       |                               |  |  |  |
| 3 Art — Fractional interests                                       |                               |  |  |  |
| 4 Books and publications   |                               |  |  |  |
| 5 Clothing and household<br>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,<br>or trust interests            |                               |  |  |  |
| 12 Securities — Miscellaneous                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution — Historic<br>structures |                               |  |  |  |
| 14 Qualified conservation<br>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 ▶ ( <b>Supplies</b> )                                     | <b>X</b>                      | <b>1</b>   | <b>52,919</b>  |  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

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

29

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

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

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

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 did not 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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

**Florida Hometown USA Program, Inc.**

**74-3013947**

Form 990, Part III, Line 4d - All Other Accomplishment

See attached statements #1 & #2

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

# **FLORIDA'S HOMETOWN U.S.A. PROGRAM, INC.**

P.O. Box 337      Fruitland Park, FL 34731  
Phone: 352-326-4217      Fax: 352-728-5750  
**An Educational Youth Program Since 1986**

**STATEMENT #1**  
**PAGE 1 OF 1**

## **OUR MISSION:**

The mission of Florida's Hometown USA Program is to make a positive difference in the lives of children and youth of Florida, primarily through a professionally supported volunteer program and to assist them in achieving their highest potential as they grow to become confident and caring individuals who show a commitment to volunteer work, leadership and standards of excellence.

Florida's Hometown USA Program is an educational endeavor to encourage young people (elementary through high school) to become involved in volunteering. The volunteer work that we organize for local students is with children, youth and the elderly offering support to the needy, abused and neglected.

## **OUR PURPOSE:**

The mission of Florida's Hometown USA Program is to educate the youth of Florida on the values of volunteer work and inspire them to make a difference in the lives of their neighbors through volunteer commitment. Our desire is to develop and nurture friendships as well as combine our interest and talents in a common goal that will serve our community. Florida's Hometown USA stresses the importance of youth volunteers in each hometown of Florida. The program encourages and works with students who have a desire to volunteer and to promote pride in their community by active involvement.

## **OUR VISION:**

The vision of Florida's Hometown USA Program is to involve more students of Florida in the area of volunteering and to be recognized nationally as a leader in caring for children and youth and servicing people. In Florida's Hometown USA we develop, evaluate and disseminate programs that foster young people's ethical, social and intellectual development. While nurturing the importance of volunteer work, we also strive to deepen the commitment of values such as kindness, helpfulness, personal responsibility and respect for others – qualities that we believe are essential to leading productive lives in our society.

**Background information:**

Florida's Hometown USA Program, Inc. is a non-profit corporation formed to involve more students in the area of volunteering and to be recognized as a leader in caring for children and youth and servicing people. Our goal is to educate the youth of Florida on the values of volunteer work and inspire them to make a difference in the lives of their neighbors through volunteer commitment. We encourage and work with students who have a desire to volunteer and to promote pride in their community by active involvement. We stress to the youth to take time to visit and give of their time to make someone else's day a little brighter. The focus of our volunteer work is with children, youth and the elderly offering support to those who have been abused or neglected.

Students commit to giving of their free time in this community organization as a volunteer service to help others. Another outreach we promote is to connect with adults by volunteering with the elderly. This area promotes the value of the youth as they spend time with the elderly. Often, the entire family of the student gets involved and can be a big part of an elderly person's life.

Students in this program are elementary through college age. If children are involved in volunteering at an early age and are taught to show love and concern for others, it will stay with them forever. Our program meets the community needs by providing food, clothes, personal care items, and assistance where needed. By doing this we are strengthening our educational program as we stress to the children and youth the importance of helping others.

Our organization is partnered with 32 facilities throughout Florida to work with needy children, teens, and the elderly. The visits to the elderly help brighten the day of many lonely people. Some have no family or visitors and just a smile and a hug are all they want. The entertainment for the elderly is always enjoyed and they love to sing along. Some of the residents at the nursing homes are happy just to see and talk with a young person. Giving of the gifts to children's hospitals teach the students to share and have compassion for others less fortunate.

Throughout the year, we have fundraisers to raise money to buy the things needed at the facilities we are partnered with. We supply personal care items – shampoo, soap, deodorant, shaving cream, toothpaste, etc. to the shelters, clothes to the shelters and to the needy. We also take toys to the children's shelters, day cares, Head Start programs, and foster homes. We also receive donations that we distribute. Other times, we work at shelters painting, pulling weeds, and making sandwiches. Another project is an Adopt a Grandparent program at local nursing homes. In this project we make sure the elderly at the nursing homes are remembered on all holidays. At each holiday, we have a party and supply refreshments, gifts, crafts, and music for the residents.

Florida's Hometown USA Program is comprised entirely of a volunteer-based Board, Program Director and staff. All of these adults share a commitment to ensuring the youth are appropriately involved in supervised and pre-approved activities.

**Florida's Hometown USA Program, Inc. EIN – 743013947**

Florida's Hometown USA Program: Our activities for 2013 continued with previously established programs including: Adopt a Grandparent Programs in nursing homes, visits to and giving gifts to Children's Hospitals, Veteran's Hospital, shelters and other facilities. A three (3) page listing of our volunteer activities is attached. Our youth volunteers have been recognized for extraordinary personal dedication to our shared mission. We are partnered with 32 facilities where we have volunteer programs set up. Florida's Hometown USA Program has received recognition for the positive impact and outcomes it has achieved in local communities. Over the years, we have worked with over 1,200 students who gave of their time to help others. With the volunteer students, the outreach benefited 4,000 people in 2013. The volunteers spend all year collecting donations, organizing fundraisers, scheduling the volunteer hours at each facility and have never received any compensation for their work. In our program, we stress to the youth to take time to visit and give of their time to make someone else's day a little brighter. The students have shown a compassionate and caring attitude by placing a high value on helping other people. They have shown a service to others by giving hours to helping others. In Florida's Hometown USA Program we develop, evaluate and disseminate programs that foster young people's ethical, social and intellectual development.

The Miss Leesburg Scholarship Program is committed to stressing the importance of education. The purpose of this youth program is to select local girls to become more involved in their hometown and to award scholarships to these students. This educational youth program has proven to be a great success – thanks to the community support received. The overall goal is to provide scholarships each year to young ladies of Leesburg. The scholarship committee works throughout the year to raise funds for this purpose. The City of Leesburg, the Leesburg Area Chamber of Commerce and the Lake County School Board acknowledge the Miss Leesburg Scholarship Program as a vital part of continuing education. Over \$124,000 has been awarded to local students. All scholarships are paid directly to the college of choice and dispersed by a local bank. In 2013, 180 young ladies took part in this program and with the interest of their families, neighbors, volunteer staff and contributors over 2,200 people were involved.

Scholarships have been awarded totaling \$124,000. The recipients are selected by a panel of judges with a focus on grades, hometown involvement, volunteer work and financial need for college.

# **FLORIDA'S HOMETOWN U.S.A. PROGRAM, INC.**

**P.O. Box 337      Fruitland Park, FL 34731**  
**Phone: 352-326-4217      Fax: 352-728-5750**  
**An Educational Youth Program Since 1986**

**STATEMENT #2**  
**PAGE 3 OF 6**

Florida's Hometown USA Program, Inc. is a non-profit educational youth program, organized to make a positive difference in the lives of children and youth, primarily through a professionally supported volunteer program. We assist students in achieving their highest potential as they grow to become confident and caring individuals who show a commitment to volunteer work, leadership and standards of excellence.

**OVERVIEW OF VOLUNTEER SERVICE:** Florida's Hometown USA Program is a non-profit educational youth organization that reaches beyond the borders of its own hometown of Fruitland Park, Florida to nurture and inspire burgeoning volunteer-spirit within youth across Florida. Twenty seven years ago, a local educator had a vision and developed a grassroots, community youth program that focused on linking youth with volunteer activities. Today that vision has grown into a broad model that continues to make a difference in the lives of children and youth of Florida, primarily through a professionally supported volunteer program aimed at assisting students to achieve their highest potential.

Florida's Hometown USA Program has a structured schedule to offer students a volunteer opportunity with planned activities. Students commit to giving of their free time in this community organization as a volunteer service to help others. Another outreach we promote is to connect with adults by volunteering with the elderly and this is a way to partner with adults. This area promotes the value of the youth as they spend time with the elderly. Often, the entire family of the student gets involved and can be a big part of an elderly person's life.

Our yearly goal is to take the youth of our organization to 32 facilities throughout Florida to work with needy children, teens, and the elderly. In the summer, we assist in all areas of promoting education. Our time frame is ongoing (January – December) and our student summer program is May-August.

The purpose of Florida's Hometown USA Program is to educate the youth of our area on the values of volunteer work and inspire them to make a difference in the lives of their neighbors through volunteer commitment. The focus of our volunteer work is with children, youth and the elderly offering support to those who have been abused or neglected.

Florida's Hometown USA Program is comprised entirely of a volunteer-based Board, Program Director and staff. We have no paid positions. All of these adults share a commitment to ensuring the youth are appropriately involved in supervised and pre-approved activities.

The benefit of Florida's Hometown USA Program is to instill in young people to give back to their community. The students in this program are elementary through high school. If children are involved in volunteering at an early age and are taught to show love and concern for others, it will stay with them forever. The visits to the elderly help brighten the day of many lonely people. Some have no family or visitors and just a smile and a hug are all they want. The entertainment for the elderly is always enjoyed and they love to sing along. Some of the residents at the nursing homes are happy just to see and talk with a young person. Giving of the gifts to the children's hospitals teach the students to share and have compassion for others less fortunate.



# FLORIDA'S HOMETOWN U.S.A. PROGRAM, INC.

STATEMENT #2  
PAGE 4 OF 6

## Program Success:

In our program, we stress to the youth to take time to visit and give of their time to make someone else's day a little brighter. The students have shown a compassionate and caring attitude by placing a high value on helping other people. They have also shown a service to others by giving more than one hour a week to helping others.

In Florida's Hometown USA Program we develop, evaluate and disseminate programs that foster young people's ethical, social and intellectual development. While nurturing the importance of volunteer work, we also strive to deepen the commitment of values such as kindness, helpfulness, personal responsibility and respect for others – qualities that we believe are essential to leading productive lives in our society.

Many of the students that have been a part of this program have continued to volunteer for years because of what was instilled in them at an early age. Florida's Hometown USA Program has received recognition for the positive impact and outcomes it has achieved in local communities. Additionally, several of our organization's youth volunteers have been recognized for extraordinary personal dedication to our shared mission.

As a result, we ensure our students enjoy:

- A positive, hopeful vision of the future
- A clear, focused mission of community service and personal achievement
- A dedicated volunteer staff who value youth and are dedicated to their success
- A clear set of goals and expectations for participation and volunteer work
- An opportunity to be part of a collective force for community improvement or enrichment
- A range of activities that encourage the development of leadership skills, personal responsibility and empathy for in-need or isolated individuals.

Evaluation: For the past 27 years, the students in our organization have shown

- Compassion by Caring and Service to others,
- Connecting with Adults by being a volunteer to the elderly and because the Communities (and the adults in our program) value youth and the service they are doing,
- Constructive Use of Free Time by spending many hours a week in the volunteer activities
- Commitment to Education

The number of student volunteers and new facilities that we can reach will measure the effectiveness of our project. The vision of Florida's Hometown USA Program is to involve more students in the area of volunteering and to be recognized as a leader in caring for children and youth and servicing people. Each week, we receive calls from facilities asking if we can bring volunteers. These facilities need more volunteers, but we do not have enough people to serve all the needs that come to us.

**Florida's Hometown USA Program, Inc.**  
**Volunteer Work for 2013**

**STATEMENT #2**  
**PAGE 5 OF 6**

**January** - Martin Luther King event  
Student volunteer awards night at Orange Park High School

**February** - Umatilla Booster's BBQ – worked in booth  
Sterling House Nursing Home – Tavares  
Sterling House & Mayfield Nursing Home  
Rotary Club event  
Mardi Gras youth event  
Washington Day Event – Eustis  
Central Florida Fair – Orlando - youth booth

**March** - Read Across America – reading at Leesburg Elementary School and Villages Charter School  
Leesburg Art Festival – set up  
Leesburg Art Festival – registration  
Strawberry Festival youth – Plant City  
Chili Cook Off – fundraiser booth – Umatilla  
Lake County 4-H Event in Tavares  
Sterling House St. Patrick's Day Party  
Mayfield Retirement Center St. Patrick's Day  
St. Patrick's Day Event in the Villages at Sumter Landing  
Lake County Fair organizing planning  
Sterling House Nursing Home Easter visit – crafts and coloring eggs

**April** - Fruitland Park Day booth  
Relay for Life - Leesburg  
Eustis Kiwanis Club Spring Hop – Easter  
Leesburg Partnership Fish Fry – helping serve  
Lake County Fair  
Relay for Life - Umatilla  
Golf tournament fundraiser  
Food Drive in Umatilla – collecting food  
Chick Fil A volunteer event - Villages  
Leesburg Bike Fest vendor check in

**May** - Eustis Street Fest – worked booth  
Umatilla Scholarship Fundraiser  
Mother's Day events - FBC Women's Shelter, Children's shelter  
Sterling House crafts

**June** - Leesburg Police Department and Fire Department event. deliver donations to  
Pregnancy Care Center from Diaper Drive  
City of Leesburg event with Commissioners

**July** - Tampa Volunteer Day – St. John Knox Retirement Center, Shriner Children's Hospital, James A. Haley Veteran's Hospital  
Prepared meals for the shut ins at the Umatilla Bar B Q  
Tavares July 4<sup>th</sup> Event  
Eustis Street Fest volunteers  
Lake County Fair event  
Pace Center for Girls, Taylor Retirement Home, Children's Home Society, River Garden Nursing Home, volunteer trip to Jacksonville, Glenmoor Health Center – St. Augustine.  
Orlando - House of Hope, Give Kids the World – deliver donations  
Westminster Towers Retirement Home and Savannah Court Nursing Home – entertainment  
Volunteer at Leesburg Lightning baseball game  
event in Tallahassee with the Governor and Mrs. Scott  
July 23 – deliver donations to Boys and Girls Club in Eustis  
July 20 – made cupcakes – party for Sterling House

**August** -Deliver school supplies to Head Start Pre-K  
donations to Head Start  
craft time with adopted Grandmas at Sterling House  
Back to School Teachers Breakfast – helping serve - Umatilla

**September** -LHS event  
Scholarship fundraiser

**October** -Wing Cook Off – Relay for Life fundraiser  
Halloween Boo Bash – giving out toothbrushes for children  
Trick or Trunk – FBC Umatilla – giving out candy

**November** - December 10 – Jacket Drive  
Nursing Home visit  
Food Drive for Christmas – collect food in neighborhoods, deliver to Leesburg Food Bank

**December** - shopping for needy family (4 dates with 4 groups of students)  
Nursing Home parties - 3 locations  
Chamber Event  
All Children's Hospital – deliver toys  
Ronald McDonald House – donations  
Deliver jackets to Leesburg Elementary School, Lake County Education Office, FBC Women and Men's shelters, Salvation Army  
Toys to Head Start DayCare Center  
Terra Vista Nursing Home, deliver toys to Arnold Palmer Hospital,  
Deliver supplies to Ronald McDonald House  
Deliver food to needy families for Christmas  
Ringin bell for Salvation Army

Nursing home visits in hometowns with Adopted Grandparent Program throughout the year.

## In Kind donations

STATEMENT #3  
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|  |                                |        |          |
|--|--------------------------------|--------|----------|
| Golf Tournament                          | Raffle and door prizes         | 3,400  |          |
| Daily Commercial ads for golf tournament | - February                     | 21,494 | (27 ads) |
| Ganz                                     | 50 Web -Kidz stuffed animals   | 500    |          |
| Rusk                                     | 100 hair care sets             | 2,000  |          |
| Allegro                                  | 75 tote and make up bags       | 1500   |          |
| Parfums de Couer                         | 50 perfumes and 50 Men's spray | 300    |          |
| Quilters Plantation                      | 25 blankets                    | 750    |          |
| Diaper Drive                             | diapers, clothes, supplies     | 300    |          |
| Kennedy Space Center                     | 15 tickets                     | 625    |          |
| Daily Commercial – Miss Leesburg ads     | July                           | 20,000 | (28 ads) |
| Main Street Dentist                      | toothbrushes and toothpaste    | 300    |          |
| Pevonia International                    | pefume sets                    | 250    |          |
| DPI                                      | cassette players               | 500    |          |
| TY Toys                                  | 100 Stuffed toys               | 1,000  |          |

Total - \$52,919