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# orm **990**

**Return of Organization Exempt From Income Tax** 

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

2013

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30. 2014 C Name of organization Check if applicable D Employer identification number GULF POINTE LATIN SCHOOL CORPORATION Address d/b/a GULF POINTE ACADEMY Name change Doing Business As 45-1594280 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-7552 NAVARRE PARKWAY 850-547-6729 Amended City or town, state or province, country, and ZIP or foreign postal code 244,733. G Gross receipts \$ Applica-NAVARRE, FL 32566 H(a) Is this a group return pendina F Name and address of principal officer: DIANNE J. for subordinates? Yes X No same as C above H(b) Are all subordinates included? \_lYes L I Tax-exempt status X 501(c)(3) ] 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.GPLATINSCHOOL.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2011 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities ESTABLISH, OPERATE, AND MAINTAIN Activities & Governance A PRIVATE SCHOOL FOR INSTRUCTION AND EDUCATIONAL PURPOSES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 3 4 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 6 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 250. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 60,000. 40,000. Program service revenue (Part VIII, line 2g) 54,941 204,483. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 -2,799.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,609 250. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 116,550 241,934. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 62,126 152,621. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 33,492 110,185. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 95,618. 262,806. Revenue less expenses Subtract line 18 from line 12 20,932. -20,872. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) NOV 2 1 2000 58,709 22,759. 21 Total liabilities (Part X, line 26) ,048 27,970. Net/ Net assets or fund balances Subtract line 21 from line 20 15,661 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. unne Signature of officer Sign DIANNE J. MAYER, PRESIDENT Here Type or print name and title Print/Type prepare: - 12 @ Pregarer's signature Paid Samuel B. Galloway, Jr P00945596 self-employed Firm's name Bizzell, Neff & Galloway Preparer Firm's EIN Use Only Firm's address ▶ P. O. Box 12346 Pensacola, FL 32591 Phone no. (850) 434-5574 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of

Total program service expenses ▶ 241,459.

Form **990** (2013)

4e

Form 990 (2013)

d/b/a GULF POINTE ACADEMY

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Part IV Checklist of Required Schedules

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	<del></del>
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>	_	
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowments, or quasrendowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			ĺ
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		х	1
b		11a		<del> </del>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С		-115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		_ x_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a		14a		<u>X</u> _
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	}	1	}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	<u> </u>	<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Ì	<u>x</u>
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	16		<u> </u>
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	17	<u></u>	<u>x</u>
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	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
20a	·	20a	-	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	900	(2013)
		LOIL	1000	(∠UI3)

		Yes	No
21 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	21		X
22 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	22		<u>X</u> _
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Schedule J	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
Schedule K. If "No", go to line 25a	24a		X_
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	<del> </del>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
any tax-exempt bonds?	24c		<u> </u>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l <u></u>
disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Schedule L, Part I  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b_		<u> X</u>
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
complete Schedule L, Part II	00		
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
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	27		х
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		A
instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_x
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an offic			1
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributions? If "Yes," complete Schedule M	30		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations?			
If "Yes," complete Schedule N, Part I	31		х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule N, Part II	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
Part V, line 1	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		
If "Yes," complete Schedule R, Part V, line 2	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
OO Did the executation complete Coloradule O and assessed assets at the Coloradule O. S. 1991			
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
Note. All Form 990 filers are required to complete Schedule O  Note. All Form 990 filers are required to complete Schedule O	38	X	(2013)

Form 990 (2013) d/b/a GULF POINTE ACADEMY 45-1594280 Page 5 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 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 0 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? 2h 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? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 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 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 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? 7e Х X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. 10 Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a

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14a

X

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b

13c

## GULF POINTE LATIN SCHOOL CORPORATION

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			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
		]	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a . 3			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	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?	2	<u>X</u> _	
3	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?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			ľ
	more members of the governing body?	7a	_ <u>X</u> _	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	**	
a	The governing body?	8a	_ <u>X</u> _	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u> _	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٠,
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	l Nia
40-	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
		iua		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Design of the Control	l la		<del>                                     </del>
12a	- I was a second of the second	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c		12.0		
Ŭ	in Schedule O how this was done	12c	1	x
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	<del></del>		
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	ļ	Х
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			T -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	}	
	taxable entity during the year?	16a		x
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?	16b		<u> </u>
Sec	etion 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)	avaılat	ole	_
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X 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, are	d fina	ncial	
	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	tion 🕨	<b>-</b>	
	HOLLEY C. DIXON - 850-547-6729			
	7552 NAVARRE PARKWAY, UNIT 20, NAVARRE, FL 32566			
33200	06 10-29-13	Forn	n <b>990</b>	(2013)

<u>d/b/a GULF POINTE ACADEMY</u>

45-1594280

Form 990 (2013) 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	n this Part VII
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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

(A) Name and Title	(B) Average hours per week	box	not c unle	ss per	more	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dianne J. Mayer	40.00							_	_	
President	15.00	-	ļ	X		-		0.	0.	0
(2) Robert S. Hamer	15.00	}		x				0.	0.	^
Vice-President	10.00	-		^_	-	<u> </u>	-	<u>U•</u>		0
(3) Holley C. Dixon Secretary/Treasurer	10:00	1		x				0.	0.	0
Secretary/ Freaturer		Ì				-				
						L				
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4	5 -	1	5	9	4	2	8	0	
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Name and title    Average   Policy Services   Po	Section A	A. Officers, Directors, Trus		ploy	ees			ghe	st C			т—		
Nours per   Week   W	<b>.</b>	(A)	(B)				•	1		1 ' '			(F)	
Comparison   Co	Nam	ne and title	1		not c	heck	more	than (		-	-			
Compensation   Comp												a		OT
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24	501(a)(0) and 501(a)(4) arrestration must be a	lata all aglicona All atta		- data askuma (A)	
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
	Check if Schedule O contains a respons	(A)	his Part IX (B)	(C)	X
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. 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	152,621.	149,833.	2,788.	
	Pension plan accruals and contributions (include				<del></del>
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management				
b	Legal				
	Accounting	735.		735.	
d	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,			-	
9	column (A) amount, list line 11g expenses on Sch O.)	93,694.	90,771.	2,923.	
12	Advertising and promotion	778.		778.	
13	Office expenses	11,814.		11,814.	
14	Information technology				
15	Royalties				
	Occupancy		<del> </del>		
16	Travel	380.	380.		<del></del>
17	Payments of travel or entertainment expenses				
18	- ·				
40	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				<del></del>
20	Interest		<del></del>	<del></del>	<del></del>
21	Payments to affiliates	475.	475.	<del>   </del>	
22	Depreciation, depletion, and amortization	2,309.	4/3.	2,309.	
23	Insurance Charge expenses not severed	4,309.		4,303.	
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 0.)				
а	·				
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	262,806.	241,459.	21,347.	0.
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X Balance Sheet

d/b/a GULF POINTE ACADEMY

		Check if Schedule O contains a response or not			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			54,732	1	10,541.
	2	Savings and temporary cash investments		Ĺ		2	<del></del>
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,178	4	4,143.
	5	Loans and other receivables from current and fo	ormer officers, direc	tors,		1	
		trustees, key employees, and highest compensation	ated employees. Co	mplete			
		Part II of Schedule L	•	L		5	
	6	Loans and other receivables from other disquali	fied persons (as de	fined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and	contributing			
	}	employers and sponsoring organizations of sections	tion 501(c)(9) volunt	ary		1 1	
တ္		employees' beneficiary organizations (see instr).	. Complete Part II o	f Sch L		6	
Assets	7	Notes and loans receivable, net		. [		7	
Ä	8	Inventories for sale or use		` [		8	
	9	Prepaid expenses and deferred charges		Γ		9	
	l	Land, buildings, and equipment: cost or other	1 1	Ī			
		basis. Complete Part VI of Schedule D	10a	8,550.		1	
	Ь	Less: accumulated depreciation	10b	475.	2,799	10c	8,075
	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		Ţ		15	
	16	Total assets. Add lines 1 through 15 (must equ	ial line 34)	Ī	58,709		22,759
	17	Accounts payable and accrued expenses			18,441		640
	18	Grants payable		Ī		18	
	19	Deferred revenue		Ì	24,607		27,330
	20	Tax-exempt bond liabilities		Ţ		20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule	D		21	
s	22	Loans and other payables to current and forme		To the second se		7=-	
Ę.		key employees, highest compensated employee		į.			
Liabilıties		Complete Part II of Schedule L	,			22	
Ë	23	Secured mortgages and notes payable to unreli	ated third parties	ţ	<del> </del>	23	<del>-</del>
	24	Unsecured notes and loans payable to unrelate			<del> </del>	24	
	25	Other liabilities (including federal income tax, pa		urd		1 -	
		parties, and other liabilities not included on line					
		Schedule D	- · · - · <b>,</b> - · · <b>,</b> - · · · ·			25	
	26	Total liabilities. Add lines 17 through 25		Ì	43,048	~	27,970
_		Organizations that follow SFAS 117 (ASC 958	8), check here	X and	20/020	<del> </del> _	
S		complete lines 27 through 29, and lines 33 ar		una			
S.	27	Unrestricted net assets			15,661	. 27	-5,211
<u>a</u>	28	Temporarily restricted net assets		;		28	
Ä	29	Permanently restricted net assets		Ì	<del></del>	29	
Ĕ	23	Organizations that do not follow SFAS 117 (A	ASC 958) check he	ra 🕨 🦳 🗎	<del></del>	1 -0	
Ē		and complete lines 30 through 34.	100 000), 0110011 110			1 1	
S	20	Capital stock or trust principal, or current funds	•			30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ea			-	31	
Ϋ́	31	Retained earnings, endowment, accumulated in		de l	<del></del>	32	
Š	32	Total net assets or fund balances	ioonio, or other luft	. }	15,661		-5,211
	33	Total liabilities and net assets/fund balances		ł	58,709		22,759
	34	Total habilities and her assets/fully balaffees		!	30,109	-1 1	Form <b>990</b> (2013

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2013)

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Act and OMB Circular A-133?

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** GULF POINTE LATIN SCHOOL CORPORATION 45-1594280 d/b/a GULF POINTE ACADEMY 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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 b Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. (i) organized in the U.S.? in col. (1) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	/i)
	(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I o	or if the organization	on failed to qualify i	under Part III If the	organization
	fails to qualify under the tests	listed below, plea	ase complete Part	III )			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and			1			
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			_			
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		_			_	
	supported organization) included		-				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6_	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest,				-		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					ı.	
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		•				
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u> </u>		ļ	
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publ		<del></del>			<del>, , ,</del>	
14	Public support percentage for 2013 (		•	column (f))		14	%
15	Public support percentage from 2012					15	%
16	a 33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies		=				
ı	o 33 1/3% support test - 2012. If the	-			d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua						▶∟
17:	a 10% -facts-and-circumstances tes		-				·
	and if the organization meets the "fac					rt IV how the organ	nization
	meets the "facts-and-circumstances"				-	-	▶∟_
9	o 10% -facts-and-circumstances tes	st - 2012. If the or	ganızatıon dıd not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test. o	check this box and	stop here. Explaii	n in Part IV how the	۵

Schedule A (Form 990 or 990-EZ) 2013

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.

# Schedule A (Form 990 or 990-EZ) 2013 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)

Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013  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	(f) Total
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	
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	
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	
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	
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	
Iness 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	
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	
ization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to	
ization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to	
furnished by a governmental unit to	
the organization without charge	
the organization without charge	
6 Total. 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 Public support (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	(I) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	
<b>b</b> Unrelated business taxable income	
(less section 511 taxes) from businesses	
acquired after June 30, 1975	
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	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is	
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	
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.)	anization,
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 Total support. (Add lines 9, 10c, 11, and 12)	anization,
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 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) org	anization,
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 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization or second in the content of the	▶□
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 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>▶</b> □
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 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15	▶□
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 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) orgic check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage	% %
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 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	% %
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 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization of Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17	% % %
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 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization or check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  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	% % %
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 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organized check this box and stop here.  Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	% % % % ne 17 is not
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 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) orgicheck this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  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 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%	% % % % ne 17 is not  %, and
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 IIV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) org. check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2012 Schedule A, Part III, line 17  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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	% % % % ne 17 is not  %, and

		GULF	POINTE	LATIN	SCHOOL	CORPORATION	
Schedule A Part IV	(Form 990 or 990-EZ) 2013	<u>d/b/a</u>	GULF	POINTE	ACADEMY	7	45-1594280 Page 4
I al a IV	Also complete this part for	nation. F	rovide the ex	xpianations r	equired by Par tructions)	t II, line 10; Part II, line 17a	a or 17b, and Part III, line 12
	7430 COMPLETE THE PART TO	dily addition	onal intomia	non loccins	tructions)		
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# **SCHEDULE D**

Department of the Treasury

(Form 990)

# **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.urs.gov/form990">www.urs.gov/form990</a>

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GULF POINTE LATIN SCHOOL CORPORATION

d/b/a GULF POINTE ACADEMY

Employer identification number 45-1594280

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	· ·	Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	
•	for charitable purposes and not for the benefit of the donor	<u> </u>	•
	impermissible private benefit?	- action database, or too dirty carron purpose	Yes
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
	, c, c		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	
_	year▶	, , , , , , , , , , , , , , , , , , , ,	3 3
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		during the year
7	Amount of expenses incurred in monitoring, inspecting, and	_	<del></del>
8	Does each conservation easement reported on line 2(d) abo		
-	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements		
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e	· · · · · ·	
	relating to these items:	,	<b>3</b>
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS		J, p
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X	• •	. • \$
~	- · · · · · · · · · · · · · · · · · · ·	•	· · · · <del></del>

Par		ollections of Ar			PASIIIRE O	r Other				Page ∠
	Using the organization's acquisition, accessic	on, and other record	s, check ar	ly of the	iollowing that	are a sig	milicant us	e or its o	collection	items
	(check all that apply)		<b>—</b> .							
a	Public exhibition	d			nange progra	ms				
b	Scholarly research	е	L Oth	er	<del>-</del>			<del></del>		
С	Preservation for future generations									
4	Provide a description of the organization's co	·	•		-		• • •	e in Part	XIII.	
	During the year, did the organization solicit or					er sımılar	assets		7	_
	to be sold to raise funds rather than to be ma								Yes	No_
Par	reported an amount on Form 990, Par		ete if the org	ganizatio	n answered "	Yes" to F	orm 990, F	Part IV, I	ne 9, or 	
1a	is the organization an agent, trustee, custodia	an or other intermed	liary for cor	tribution	s or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tabl	е						
	· · ·		•						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year					•	1e			
f	Ending balance						1f			
-	Did the organization include an amount on Fo	orm 990 Part X line	212						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII		•	as hoon	provided in F	Part XIII			J 163	7
Par							)			
		(a) Current year	(b) Prior		(c) Two years		d) Three yea	are hack	(a) Four	vears hack
4.	Beginning of year balance	(a) Current year	(D) 1 1101	year	(C) TWO years	3 Daon 1	dy mico you	ars back	(e) i oui	years back
1a										
b	Contributions	<del></del>								
С.	Net investment earnings, gains, and losses				<del>-</del>					
	Grants or scholarships				_					
е	Other expenditures for facilities					ļ				
	and programs									<del></del>
	Administrative expenses								ļ	
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, d	column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held a	nd administe	red for th	ne organiza	ition	-	<del></del>
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedul	₽R?					3b	
_4	Describe in Part XIII the intended uses of the	organization's endo	wment fun	ds						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990	), Part IV, Iır	ne 11a S	ee Form 990,	, Part X, I	ine 10			
	Description of property	(a) Cost or o	I .		or other (other)	٠,	cumulated preciation	3	(d) Bool	value
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment	8.	550.				47	5.		3,075.
e	Other					_				- , <del>- , - , - , -</del>
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column	(B) line	10(c) )		<del></del>			8,075.
TOLA	i. Aud mies Ta tinough Te (Column (a) must e	quari onni ooo, i are	,, coluini	,e	, - (-/ )					<u> </u>

Schedule D (Form 990) 2013

45-1594280 Page 3

(a) Description of security or category (including name of security)	o Form 990, Part IV, line (b) Book value		aluation Cost or end	of-year market value
) Financial derivatives		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
) Closely held equity interests			· -	
) Other		<del></del>		<del>-</del>
(A)	·	<del></del>		
(B)				
(C)	<del></del>			<del></del>
(D)			<del></del>	<del></del>
(E)			·	
(F)		<del></del>	<del></del>	
(G)				<del></del> *
(H)	·	<del> </del>		<del></del>
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			- <del></del>	
Part VIII Investments - Program Related.		<del>, L</del>	<del></del>	
Complete if the organization answered "Yes"	to Form 990 Part IV Jin	e 11c. See Form 990. I	Part X line 13	
(a) Description of investment	(b) Book value		aluation: Cost or end	-of-year market value
(1)			····	<del>-</del>
(2)	···		<del></del>	
(3)	<del></del>			
(4)				
(5)	<del>"</del>			
(6)		<del></del>	·	
(7)		-		<del></del>
(8)		<del></del>		
(0)				
(0)				
Part IX Other Assets.				
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)	to Form 990, Part IV, lin Description	e 11d. See Form 990,	Part X, line 15	(b) Book value
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)		e 11d. See Form 990,	Part X, line 15	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2)		e 11d. See Form 990,	Part X, line 15	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2) (3)		e 11d. See Form 990,	Part X, line 15	(b) Book value
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)		e 11d. See Form 990,	Part X, line 15	(b) Book value
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) (2) (3) (4) (5)		e 11d. See Form 990,	Part X, line 15	(b) Book value
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otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"	Description	e 11e or 11f See Form		
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Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 13.)   Part X Other Liabilities.  Complete if the organization answered "Yes"	Description	e 11e or 11f See Form		
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	e 11e or 11f See Form		
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description	e 11e or 11f See Form		
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otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f See Form		
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11e or 11f See Form		
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f See Form		

332053 09-25-13 Schedule D (Form 990) 2013

d/b/a GULF POINTE ACADEMY Schedule D (Form 990) 2013 45-1594280 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 Net unrealized gains on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

332054 09-25-13

Schedule D (Form 990) 2013

# **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools
► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 GULF POINTE LATIN SCHOOL CORPORATION

d/b/a GULF POINTE ACADEMY

**Employer identification number** 45-1594280

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1_	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2_	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	l		
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			
	If you need more space, use Part II	3_	X	<u> </u>
	NOTICE OF NONDISCRIMINATORY POLICY WAS PUBLISHED IN NAVARRE			
	PRESS ON JANUARY 9, 2014.			
		1		-
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	<del> </del>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b_	X	<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	<del> </del>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	<del> </del> -
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			Ì
		Ì.		
		-		"
5	Does the organization discriminate by race in any way with respect to:			
а		5a		х
b	Admissions policies?	5b	T	X
c	Employment of faculty or administrative staff?	5c	$\vdash$	X
d		5d	-	X
e	Educational policies?	5e	$I^-$	X
f	Use of facilities?	5f	$T^{-}$	X
a	Athletic programs?	5g		X
·	Other extracurricular activities?	5h		X
••	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			<u> </u>
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	1	X
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.		ľ	
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of			
-	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
	For Department Production Act Notice, see the Instructions for Form 900 or Form 900 FZ	00.00		(2012)

332061 10-03-13

,	~ » »	GULF	POINTE	LATIN	SCHOOT	CORPORATION	
Sahadula E	(Form 990 or 990-E	7) (2013) d / b / a	CIII.F I		<b>VCVDEMA</b>	7	45-1594280 Page 2
Part II	Curriemental	Information 5		OINIE	ACADEM1		45-1594260 Page2
Parti	Supplemental	nition mation, P	rovide the ex	planations re	equired by Par	rt I, lines 3, 4d, 5h, 6b, and 7	, as applicable.
	Also complete tris	part to provide an	y other additi	onai informa	uon		
	<del></del>	<del></del>	_				
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# SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

Name of the organization

GULF POINTE LATIN SCHOOL CORPORATION d/b/a GULF POINTE ACADEMY

Employer identification number 45-1594280

Form 990, Part VI, Section A, line 2: Explanation: Dianne J. Mayer and Robert S. Hamer are married. Holley C. Dixon is employed by another business jointly owned by Dianne J. Mayer and Robert S. Hamer. Form 990, Part VI, Section A, line 7a: Explanation: Each of the Officers of this Corporation will be appointed by the sitting officers before a position is vacated. Each Officer will remain in office until a successor to the Office has been selected. If it is not reasonably possible to name a successor prior to an Officer vacating a position, then the remaining Officers shall appoint a successor. Anyone serving in an appointed position may be removed by two-thirds of remaining officers voting for removal when, in their judgment, the best interests of this Corporation will be served. Form 990, Part VI, Section B, line 11: Explanation: A copy of the final Form 990 and the required schedules were provided to the Board of Directors for their review prior to the return being filed. Form 990, Part VI, Section C, Line 19: Explanation: The Organization's governing documents, Conflict of Interest

Form 990, Part IX, Line 11g, Other Fees:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

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

Policy, and Form 990 are made available to anyone who requests the

documents.

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization GULF POINTE LATIN SCHOOL C	Page 2 ORPORATION Employer identification number
d/b/a GULF POINTE ACADEMY	
Books and Curriculum:	
Program service expenses	33,429.
Management and general expenses	224.
Fundraising expenses	0.
Total expenses	33,653.
Staff Development and Recruiting:	
Program service expenses	2,854.
Management and general expenses	
Fundraising expenses	0.
Total expenses	2,854.
Facilities and Equipment:	
Program service expenses	39,852.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	39,852.
Uniform Purchases:	
Program service expenses	0.
Management and general expenses	2,699.
Fundraising expenses	0.
Total expenses	2,699.
Student Meal Expenses:	
Program service expenses	1,769.
Management and general expenses	0.
Fundraising expenses	0.
332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property) 990

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return			E	Business or ac	livity to wh	ich this form relates	3	Identifying number
GULF POINTE LATIN SCHOOL	OL CORPOR	RATION						
d/b/a GULF POINTE ACAD	EMY		<u></u>	orm 9	90 P	<u>age 10</u>		45-1594280
Part I Election To Expense Certain Property	Under Section 17	9 Note: If yo	ou have an	ny listed pro	perty, c	complete Part \	/ before y	ou complete Part I.
<ol> <li>Maximum amount (see instructions)</li> </ol>			•				1	<u>500,000.</u>
2 Total cost of section 179 property placed	d in service (see i	instructions	)				2	
3 Threshold cost of section 179 property b	efore reduction i	in limitation					3	2,000,000.
4 Reduction in limitation Subtract line 3 from	om line 2. If zero	or less, ente	er -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter	0- If married fil	ling separatel	y, see instruct	ions		5	<del></del>
6 (a) Description of prop	erty	<u></u>	(b) Cost (	business use	only)	(c) Elected	cost	
	<del>_</del>					<del></del> .		
	<del>,</del>							
								N.
7 Listed property Enter the amount from l	ne 29				7			
8 Total elected cost of section 179 proper	•	ın column (	c), lines 6	and 7			8	
9 Tentative deduction Enter the smaller of							9_	<del></del>
10 Carryover of disallowed deduction from	line 13 of your 20	)12 Form 45	562				10	
11 Business income limitation. Enter the sm	aller of business	income (no	ot less tha	n zero) or l	ne 5		11	
12 Section 179 expense deduction. Add lin	•			an line 11	···		12	
13 Carryover of disallowed deduction to 20					13			L
Note: Do not use Part II or Part III below for								
Part II Special Depreciation Allowan							<del>-</del>	r <del></del>
14 Special depreciation allowance for qualif	ied property (oth	er than liste	ed propert	ty) placed i	n service	e during		
the tax year							14	
15 Property subject to section 168(f)(1) elec	tion						_15_	
16 Other depreciation (including ACRS)						- ·	16	
Part III MACRS Depreciation (Do not	ınclude listed pr			ions)				
			ection A					
17 MACRS deductions for assets placed in	service in tax ye	ars beginnii	ng before	2013			7 17	
18 If you are electing to group any assets placed in service						▶		
Section B - Assets F	(b) Month and		or depreciation		tne Ger	erai Deprecia	ition Syst	em 
(a) Classification of property	year placed in service	(business/	investment u e instructions	se   (a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property	]							
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				2	5 yrs		S/L	
h Poordontial rontal property				2	7 5 yrs	MM	S/L_	
h Residential rental property				2	7 5 yrs	MM	S/L_	
: Nancardantial rank areasety.				3	39 yrs	MM	S/L_	
i Nonresidential real property	/					MM	S/L	<u> </u>
Section C - Assets Pl	aced in Service	During 201	13 Tax Ye	ar Using t	he Alter	native Depre	iation Sy	stem
20a Class life	]		<u>8,5</u> !	50. <u>9</u>	YRS	N/A	S/L	475.
b 12-year					12 yrs		S/L	
c 40-year	//	<u></u>			10 yrs.	MM	S/L	<u> </u>
Part IV Summary (See instructions.)								
21 Listed property. Enter amount from line	28 .						21	
22 Total. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 2	20 ın colur	nn (g), and	line 21.			
Enter here and on the appropriate lines	of your return. Pa	artnerships	and S co	rporations	see ins	tr	22	475.
23 For assets shown above and placed in	service during th	e current ye	ear, enter t	the		_		
portion of the basis attributable to secti	on 263A costs				23			<u> </u>
316251 12-19-13 LHA For Paperwork Reduction		separate i	nstructio	ns.	_			Form 4562 (2013)

Form 4562 (2013)

d/b/a GULF POINTE ACADEMY

45-1594280 Page 2

01111 4002	120101	<u> </u>	<u> </u>			<u> </u>
Part V	Listed Property amusement.)	(Include automobiles,	certain other veh	icles, certain computers	, and property used for entertainme	ent, recreation, o

		of Section B, a								-, comp		- 24a, 24	o, colulli	s (a)
Section A -	Depreciation	on and Other I	nforma	tion (Cau	ution: S	ee the ii	nstruc	tions for li	mits for p	passeng	er autom	obiles )		
24a Do you have evidence to s	upport the bu	siness/investmer	nt use cla	ımed?	<u> </u>	es	<u>No</u>	24b If "Y	es," is th	e evidei	nce writt	en?	Yes _	No
(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentag	1 01	(d) Cost or ner basis		(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	i) Elec section co:	n 179
25 Special depreciation allo	wance for q	jualified listed p	roperty	placed II	n servic	e during	the t	ax year an	d		-			
used more than 50% in	a qualified b	usiness use			_					25	l			
26 Property used more tha	n 50% in a c	ualified busine	ss use.											
		%	<u>-                                    </u>					ļ <u>.</u>	ļ		ļ			
		9/	<u> </u>		_			<u> </u>	<u> </u>		ļ			
	L,	%						<u>L</u>	L		<u> </u>			
27 Property used 50% or le	ess in a qual	ified business i	ise.						τ —		r —			
		9/			_				S/L·		<u> </u>		•	
	<u> </u>	9/							S/L -					
	L	%						L	S/L·		<u> </u>			
28 Add amounts in column					line 21,	, page 1				28	<u> </u>	<del>-,</del>		
29 Add amounts in column	(ı), line 26. E				_							29	L	
				3 - Inforr										
Complete this section for ve		, ,		· ·				•		•	, ,			ı
to your employees, first ans	wer the que	stions in Sectio	n C to s	see if you	meet a	an excep	otion to	o complet	ing this s	ection f	or those	vehicles	3	
				<del>.                                      </del>					<del></del>		<del></del>		τ	
<del>-</del>				a)		b)	Ι,	(c)	1	d)	1	e)	(f)	
30 Total business/investment		luring the	Ver	ncle	Ver	hicle	<del></del> '	/ehicle	Ver	ncle	Ver	ncle	Vehi	<u>cle</u>
year (do not include comi	,								<u> </u>		<del> </del>		ļ <u> </u>	
31 Total commuting miles	_			<del></del>			<del> </del>		<del> </del>	_ <del>-</del>	<del> </del> -		<del> </del> -	
32 Total other personal (no driven	ncommuting	g) miles	<u> </u>						ļ					
33 Total miles driven during	g the year													
Add lines 30 through 32	2			,					<b>_</b>				<u> </u>	
34 Was the vehicle availab	le for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?						-	ļ		ļ		ļ			
35 Was the vehicle used p	rımarıly by a	more										i		
than 5% owner or relate	ed person?						<u> </u>			<u> </u>	ļ	ļ		
36 Is another vehicle availa	ible trir persi	onal		i						l	-			
use <sup>?</sup>				<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	l	<u> </u>	
		- Questions f	-	•					•					
Answer these questions to	determine if	you meet an e	kception	n to comp	pleting (	Section	B for v	vehicles us	sed by e	mployee	s who a	re not m	ore than	5%
owners or related persons								<del></del>					<del></del>	
37 Do you maintain a writte employees?	en policy sta	tement that pr	ohibits a	all person	nal use (	of vehicl	es, ınd	cluding co	mmuting	, by you	r		Yes	No
38 Do you maintain a writte		•						•	·	your				
employees? See the ins			•		iicers, c	urectors	, or 19	% or more	owners				<u> </u>	┼──
39 Do you treat all use of v	•				-6							•		<del> </del>
40 Do you provide more th		•	•		morma	tion fron	n your	employee	s about				}	
the use of the vehicles,					monet	ation is	.2						-	+
41 Do you meet the require								001/0-2-d :-	objetos				-	<u> </u>
Note: If your answer to Part VI Amortization	57, 38, 39, 4	40, OF 4 FIS YE	s, <u>uo</u> n	or compl	ere sec	AUDIT B TO	<i>or trie</i>	coverea v	erricies					
(a)		<del></del>	(b)	T	(c)		$\neg \vdash$	(d)		(e)	, <u> </u>		(f)	
Description of	of costs		amortization begins		Amortizal amoun	ble it		Code section		Amortiz penod or pe	atron	A fe	mortization or this year	
42 Amortization of costs th	nat begins d	uring your 2013	3 tax ye	ar										

43 Amortization of costs that began before your 2013 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2013)

316252 12-19-13

43

44

11/11/2014	1:05:31PM

Form 4562 Worksheet - Depreciation Gulf Pointe Latin School Corporation [1673]

Sorted: General - tax link 07/01/2013 - 06/30/2014

45-1594280

SOFTEO. GEHERAL - LAN IIIIN	נפא ווווא			07/01/2013 - 06/30/2014	,/30/2014			Business	Business % Applied to Depreciation Values	eciation Values
System No.	Description	Date In Service	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus/ (Cur. Yr. Only)	Beg. Accum. Depreciation/ (Sec. 179)	Method	Conv.	Life	Current Depreciation
				16000						
Part II, Line 16	Part II, Line 16 Other depreciation, Non MACHS property, non listed property an	erty, non listed p	roperty and nor	id Holl section 100(1)( i)						
990, Pg 10 #1 - F	990, Pg 10 #1 - Form 990, Page 10									
	Student desks and chairs (10)	7/31/2011	999.80	100.0000	0.00	383.26	S	N/A	5.0000	0.00
. ~	Playaround	7/31/2011	2,279.26	100 0000	00 0	624.09	SL	N/A	7.0000	0.00
ı m	Dry Erase Boards	7/31/2011	89.98	100 0000	0.00	34.50	SL	N/A	2 0000	000
4	Piano	8/2/2011	650.00	100.0000	000	177.98	ଅ	N/A	7.0000	0.00
Subtotal: 990, Pg	Subtotal: 990, Pg 10 #1 - Form 990, Page 10		<b>4,019.04</b>		<b>00.0</b>	<b>1,219.83</b>				<b>0.00</b>
Net for: 990. Pa 16	Less dispositions and excitations		0.00		0.00					0.00
Subtotal - Part II,	Subtotal - Part II, Line 16Other depreciation, Non MACRS property, non listed property and non section 168(f)(1)	CRS property, n	on listed proper	ty and non secti	on 168(f)(1)					0.00
Part V, Line 26	Part V, Line 26Listed property used more than 50% qualified business use	ualified busines	s use							
990, Pg 10 #1 - F	990, Pg 10 #1 - Form 990, Page 10									

**475.00** 

475.00

475 00

00006

₹

800

100.000

8,550.00

2/17/2014

1999 Blue Bird Mini School Bus

Subtotal: 990, Pg 10 #1 - Form 990, Page 10

Less dispositions and exchanges.

Net for: 990, Pg 10 #1 - Form 990, Page 10

Less dispositions and exchanges:

Subtotal.

Grand Totals:

**8,550.00** 0 00 8,550.00

**8** 8 8

0.00

**1,219.83** 1,219.83 **0.00** 

8 0 0

4,019 04 8,550.00

12,569.04

Subtotal - Part V, Line 26 --Listed property used more than 50% qualified business use

475.00

Page 1 of 1