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Form **990-EZ**

# Short Form
# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

**2014**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

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

**C** Name of organization
BCO BENEVOLENCE FUND

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
C/O CORP TAX DEPT; P.O. BOX 19135

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32245-9135

**D** Employer identification number
56-2501835

**E** Telephone number
(904 ) 398-9400

**F** Group Exemption Number ▶ N/A

**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

**H** Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶

**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 37,728.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 25,491. |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income ATCH 1 | | 4 | 5. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less cost or other basis and sales expenses | 5b 0 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ 1,008. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b 12,232. | | |
| | c | Less direct expenses from gaming and fundraising events | 6c 1,235. | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | 10,997. |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less cost of goods sold | 7b 0 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe in Schedule O) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | 9 | 36,493. |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 24,250. |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | |
| | 16 | Other expenses (describe in Schedule O) ATCH. 2 | | 16 | 3,229. |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 27,479. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 9,014. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 39,382. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | 21 | 48,396. |

**Part II Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments . . . . ATTACHMENT 3 . . . . . | 39,382. | 22 | 48,396. |
| 23 | Land and buildings . . . . . | 0 | 23 | 0 |
| 24 | Other assets (describe in Schedule O) . . . . . | 0 | 24 | 0 |
| 25 | **Total assets** . . . . . | 39,382. | 25 | 48,396. |
| 26 | **Total liabilities** (describe in Schedule O) . . . . . | 0 | 26 | 0 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) . . | 39,382. | 27 | 48,396. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

What is the organization's primary exempt purpose? AWARD EMERGENCY HARDSHIP ASSISTANCE

*Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title*

| | | | |
|---|---|---|---|
| 28 | SEE STATEMENT 3<br>(Grants $ 24,250. ) If this amount includes foreign grants, check here . . . . . ▶ ☐ | 28a | 27,479. |
| 29 | (Grants $ ) If this amount includes foreign grants, check here . . . . . ▶ ☐ | 29a | |
| 30 | (Grants $ ) If this amount includes foreign grants, check here . . . . . ▶ ☐ | 30a | |
| 31 | Other program services (describe in Schedule O) . . . . . (Grants $ ) If this amount includes foreign grants, check here . . . . . ▶ ☐ | 31a | |
| 32 | **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ | 32 | 27,479. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| ATTACHMENT 4 | | | | |

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed ▶FL, IL, IN, | | | |
| 42a | The organization's books are in care of ▶ROCCO A. DAVANZO Telephone no ▶ 904-398-9400 Located at ▶13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL ZIP + 4 ▶ 32224 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 42b | | X |
| c | At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____ | 42c | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 44d | | X |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | X |

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |

**Part VI** **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | | Yes | No |
|---|---|---|---|---|
| 47 | 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 | 47 | | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | X |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | 0 |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000 . . . ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☒ Yes ☐ No

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 — Date: 8-13-15

▶ PATRICK J. MURPHY
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| MICHAEL J MULDOON | Michael J Muldoon | 08/13/2015 | | P00889797 |

Firm's name ▶ PRICEWATERHOUSECOOPERS, LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 76 SOUTH LAURA STREET, SUITE 2100 JACKSONVILLE, FL 32202 — Phone no 904-354-0671

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☒ No

**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

**2014**

**Open to Public Inspection**

| ***Name of the organization*** | ***Employer identification number*** |
|---|---|
| BCO BENEVOLENCE FUND | 56-2501835 |

**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 [X] 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a [ ] **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**

b [ ] **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**

c [ ] **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**

d [ ] **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . [ ]

g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

**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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 17,032. | 26,776. | 39,101. | 37,572. | 37,723. | 158,204. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 **Total.** Add lines 1 through 3 | 17,032. | 26,776. | 39,101. | 37,572. | 37,723. | 158,204. |
| 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) | | | | | | 44,394. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 113,810. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 17,032. | 26,776. | 39,101. | 37,572. | 37,723. | 158,204. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2. | 2. | 4. | 5. | 5. | 18. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1 | | 65. | 65. | | | 130. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 158,352. |

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

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 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 71.87% |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 72.32% |

16a **33 1/3% support test - 2014.** 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 - 2013.** 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 - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

**Part VI** **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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2010 | 2011 | 2012 | 2013 | 2014 | TOTAL |
|---|---|---|---|---|---|---|
| FLORIDA REFUND | | 65 | 65 | | | 130 |
| TOTALS | | 65. | 65. | | | 130. |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
BCO BENEVOLENCE FUND

Employer identification number
56-2501835

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

| DESCRIPTION | AMOUNT |
|---|---|
| INTEREST INCOME | 5. |
| TOTAL | 5. |

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

| | |
|---|---|
| REGISTRATION FEES | 1,288. |
| BANK FEES | 675. |
| INSURANCE | 1,266. |
| TOTAL | 3,229. |

ATTACHMENT 3

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|---|---|---|
| SAVINGS | 39,382. | 48,396. |
| TOTALS | 39,382. | 48,396. |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | REPORTABLE 1099-MISC) | | |
|---|---|---|---|---|
| ROCCO A. DAVANZO<br>13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | PRESIDENT/DIRECTOR<br>0 | 0 | 0 | 0 |
| MICHAEL K. KNELLER<br>13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | VICE PRESIDENT/SECRETARY<br>0 | 0 | 0 | 0 |
| PATRICK J. MURPHY<br>13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | VICE PRESIDENT/TREASURER<br>0 | 0 | 0 | 0 |
| GREGG R. NELSON<br>1000 SIMPSON ROAD ROCKFORD, IL 61102 | DIRECTOR<br>0 | 0 | 0 | 0 |
| D. LEE RILEY<br>13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | DIRECTOR<br>0 | 0 | 0 | 0 |
| GARY CAMPBELL<br>13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | ADMIN. COMM. MEMBER<br>0 | 0 | 0 | 0 |
| SHIRLEY ANHALT | ADMIN. COMM. CHAIR<br>0 | 0 | 0 | 0 |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | | | |
|---|---|---|---|---|
| 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | | | | |
| KEN PERRUQUET | ADMIN. COMM. MEMBER | | | |
| | 0 | 0 | 0 | 0 |
| 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | | | | |
| BOBBI APPLEGATE | ADMIN. COMM. MEMBER | | | |
| | 0 | 0 | 0 | 0 |
| 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | | | | |
| GARY BUCHS | ADMIN. COMM. MEMBER | | | |
| | 0 | 0 | 0 | 0 |
| 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | | | | |
| GRAND TOTALS | | 0 | 0 | 0 |

**BCO BENEVOLENCE FUND, INC.**

**EIN #56-2501835**

FORM 990-EZ 2014 (ATTACHMENT)

**Statement 1** **Part I - Revenue, Expenses, etc. Line 10**

Grants and Allocations

| Recipient | Amount Paid | Description of Hardship |
|---|---|---|
| Glenn Willard<br>St Augustine, FL | $ 500 00 | BCO Family Member Serious Illness |
| James Boer<br>Tucson, AZ | $ 1,000 00 | BCO Injury |
| Laura Reeves<br>Twin Lake, MI | $ 1,000.00 | BCO Family Member Serious Illness |
| Susan Price<br>Lexington, MS | $ 1,000 00 | BCO Death of Family Member |
| Terra Ficklin<br>Conyers, GA | $ 1,000 00 | BCO Family Member Serious Illness |
| Ray Dillard<br>Cadiz, KY | $ 1,000 00 | BCO Serious Illness |
| Miranda McGill<br>Danville, VA | $ 1,000 00 | BCO Family Member Serious Illness |
| Paul Troyer<br>Salem, IN | $ 1,000 00 | BCO Family Member Accident |
| Tracey McBroom<br>Milford, DE | $ 1,000 00 | BCO Serious Illness |
| Peter Godin<br>Aiken, SC | $ 1,000.00 | BCO Injury |
| David Carothers<br>Nashville, TN | $ 1,000.00 | BCO Serious Illness |
| Jeffrey Mikel<br>Cleveland, TN | $ 1,000 00 | BCO Family Member Serious Illness |
| Kevin Bay<br>St Matthews, SC | $ 1,000.00 | BCO Serious Illness |
| Edward Brown<br>Fayetteville, NC | $ 1,000.00 | BCO Family Member Serious Illness |
| Jeffrey McClanahan<br>Beaufort, SC | $ 1,000 00 | BCO Injury |
| Steve Heem<br>Tyler, TX | $ 1,000.00 | BCO Serious Illness |
| Steve Erickson<br>Logan, UT | $ 1,000 00 | BCO Serious Illness |
| Mark Hillyard<br>Tallmadge, OH | $ 500 00 | BCO Death of Family Member |
| Robert Simonds<br>Pittsville, VA | $ 500 00 | BCO Fire Damage |
| Francisco Escamilla<br>Brighton, MO | $ 500 00 | BCO Fire Damage |
| Charles Jones<br>Jacksonville, FL | $ 500.00 | BCO Serious Illness |

**BCO BENEVOLENCE FUND, INC.**

**EIN #56-2501835**

FORM 990-EZ 2014 (ATTACHMENT)

**Statement 1** **Part I - Revenue, Expenses, etc. Line 10**

Grants and Allocations.

| Recipient | Amount Paid | Description of Hardship |
|---|---|---|
| David Bingham<br>Duncanville, TX | $ 500 00 | BCO Serious Illness |
| Paul Currie<br>Humble, TX | $ 1,000.00 | BCO Family Member Serious Illness |
| James Thomas<br>Dunnville, KY | $ 1,000 00 | BCO Serious Illness |
| Harry Sharp<br>Smithton, PA | $ 1,000.00 | BCO Family Member Serious Illness |
| Sonya Jones<br>Crossville, AL | $ 1,000 00 | BCO Death of Family Member |
| Robert Plymale<br>Bronson, FL | $ 250 00 | BCO Family Member Serious Injury |
| Conrad Price<br>Cookeville, TN | $ 1,000 00 | BCO Serious Illness |
| | **$ 24,250.00** | |

**BCO BENEVOLENCE FUND, INC.**

**EIN #56-2501835**

FORM 990-EZ 2014 (ATTACHMENT)

**Statement 2 Part III - Statement of Program Service Accomplishments, Line 28**

The BCO Benevolence Fund, Inc. was formed for the purpose of providing emergency hardship assistance to the Business Capacity Owners (BCOs) under contract to Landstar System, Inc. and its subsidiaries and the immediate family members of those BCOs. BCOs are not employees of the Landstar System, rather they are small business owners and independent owner operators of sales facilities and equipment serving Landstar. The fund is designed to provide such emergency assistance to individuals in need. It is anticipated that the grants would be made for food, clothing, housing, repairs, transportation, medical assistance, funeral expenses, and other goods and services typically associated with an unforeseen event or circumstance such as a hurricane, fire, death, medical illness or accident.

In order to receive an emergency hardship grant from the fund, the individual shall submit the required application and sufficient supporting documentation to support a finding that the recipient is "distressed" and "needy" as a result of an unforeseen event or circumstance.

The fund distributed 28 grants during 2014 for a total of $24,250, an average of approximately $866 per grant recipient.

Form **8868**
(Rev January 2014)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing *(e-file)*.** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Enter filer's identifying number, see instructions**

| **Type or print** File by the due date for filing your return See instructions | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
|---|---|---|
| | BCO BENEVOLENCE FUND | 56-2501835 |
| | Number, street, and room or suite no If a P O. box, see instructions<br>C/O CORP TAX DEPT; P.O. BOX 19135 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>JACKSONVILLE, FL 32245-9135 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶L. KEVIN SPOUT, 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224

Telephone No ▶ 904 398-9400 FAX No ▶ 904 390-1323

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 15, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 20 14 or
▶ [ ] tax year beginning _____, 20___, and ending _____, 20___

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | 3a | $ 0 |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit | 3b | $ 0 |
| c | **Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | $ 0 |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions