

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Révenue 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.

	A I	or the	2014 calendar year, or tax year beginning July 1 , 2014, and endi	ng Jui	ne 30	, 20 15	
•	В	Check if	applicable C Name of organization FLORIDA SCHOOL OF PREACHING		D Employer	identification number	
ı		Address	change Doing business as		59 - 1392749		
i	_	Name ch		uite	E Telephone	number	
i	_	nıtıal ret	*		863	- 683-4043	
i	_		rn/terminated City or town, state or province, country, and ZIP or foreign postal code				
	_	Amende			G Gross rec	eipts \$ 587,494	
			on pending F Name and address of principal officer. BRIAN R, KENYON	H(a) Is this a		bordinates? Yes No	
		чррпсац	5795 TANASI COURT LAKELAND FL 33813	1		included? Yes No	
					ist. (see instructions)		
					· ·		
		Website		p exemption n			
			organization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of formation	ation 1969	M State o	f legal domicile FL	
	Pa	ırt I	Summary				
		1	Briefly describe the organization's mission or most significant activities:				
	Activities & Governance		TO TRAIN PREACHERS AND BIBLE CLASS TEACHERS FOR THE CHURC	H OF CHRIS	ST		
	na						
	ē	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more tha	n 25% of it	s net assets.	
	ő	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	12	
	ଷ	4	Number of independent voting members of the governing body (Part VI, line 1b			9	
	ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			10_	
	ξ	6	Total number of volunteers (estimate if necessary)			0	
	ct	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0	
	`	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b		
			Tret unrelated business taxable income north offin 990-1, line 34	Prior Y		Current Year	
		0	Contributions and groups (Dort VIII June 1h)				
	ne ne	8	Contributions and grants (Part VIII, line 1h)		413,252	332,783	
	Revenue	9	Program service revenue (Part VIII, line 2g)		0	0	
	Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,839	31,096	
	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,003	(1,745)	
		12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		428,094	362,134	
		13	Grants and similar amounts paid (Part IX, column, (A); lines 1-3)		83,079	146,022	
		14	Benefits paid to or for members (Part IX, column (A), line 4)		49,500	52,800	
	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		130,956	145,188	
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0_	
	be	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			1	
	ŋ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,189	62,641	
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		329,725	406,651	
		19	Revenue less expenses. Subtract line 18 from line 12		98,370	(44,517)	
	_ s		The foliation of the first fill of the fil	Beginning of C		End of Year	
0	et Assets or nd Balances	20	Total assets (Part X, line 16)		938,893	870,899	
QI N7	Asse Bak				2,163	2,163	
\ }	Fund/	21	Total liabilities (Part X, line 26)	 			
		22	Net assets or fund balances. Subtract line 21 from line 20	L	936,730	868,736	
,	_	rt II	Signature Block				
=			alties of perjury, I declare that I have examined this return, including accompanying schedules and state			y knowledge and belief, it is	
•		e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	er rias arry know	wieuge.		
			Alle		4-12	-/6	
	Sig	n	Signature of officer	C	Date		
	He	re	BRIAN R. KENYON, DIRECTOR				
	_	_	Type or print name and title				
	Pa	<u>ام</u>	Print/Type preparer's name Preparer's signature I	Date	Check [T of PTIN	
			ا		self-empl		
		epare	_ l	Fii	m's EIN ▶		
	US	e On	ıy 				
	Ma	v tha II	Firm's address RS discuss this return with the preparer shown above? (see instructions)		none no	. Yes No	
	ivid	y 1.110 11	no dioduos mis return with the preparer shown above; (see instructions)				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2014)

	•		
Form	990	(2014)	

rait		esponse or note to any line in this Part III	
1	Briefly describe the organization's mission		
	TO TRAIN PREACHERS AND BIBLE C	CLASS TEACHERS FOR THE CHURCH OF CHRIST	
	Dilli a series de la companya de la		
2	Did the organization undertake any signification Form 990 or 990-E72	ificant program services during the year which were not listed on the	V [7]N-
	If "Yes," describe these new services on \$	<u> </u>	Yes ☑ No
3		g, or make significant changes in how it conducts, any program	
3	services?		Yes ☑ No
	If "Yes," describe these changes on Sche		162 MINO
4	_	rvice accomplishments for each of its three largest program services, as	measured by
-		4) organizations are required to report the amount of grants and allocation	
	the total expenses, and revenue, if any, for		
	•		
4a	(Code) (Expenses \$ 34	36 149,381 including grants of \$ 146,022) (Revenue \$ 36	2,134)
	TO TRAIN PREACHERS AND BIBLE C	CLASS TEACHERS FOR THE CHURCH OF CHRIST	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
70			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
40	(Code) (Expended 4		/
	Other program services (Describe in Scho	nedule O /	
4d	(Expenses \$ 0 including gr		
4e	Total program service expenses ▶	349,381	
	TOTAL PROGRAM SELVICE CAPELISES		

	0 (2014)	_		Page
Part l	V Checklist of Required Schedules		Yes	N _a
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	ves ✓	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2	√	✓
4	Section 501(c)(3) organizations. 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	4		▼
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		→
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X 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	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14 a	, 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		▼
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		▼
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		, ,

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a 20b

Part l	V Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	'	
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		 ✓
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	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		1
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		\ \ \ \
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If "Yes," complete Schedule R</i> ,		-	
38	Part VI	37	<u> </u>	✓
			n 99 0	(2014)

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	<u> </u>		. [
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_		i
C	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			į.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	_		-
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
•	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?	3a		✓
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			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
L	·	4a		✓
þ	If "Yes," enter the name of the foreign country:	:		}
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	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 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	<u> </u>		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	البيس	
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			

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

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

14a

14b

13b

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	ions.
Section	on 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	/
6 7a	Did the organization have members or stockholders?	7a		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	oae.) Yes) No
10-	Did the organization have local chapters, branches, or affiliates?	10a	105	√
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	,	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		✓
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a 15b	 	✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	135		Ť
	with a taxable entity during the year?	16a		✓
J	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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024) for public proportion, Indicate how you made those qualible. Check all that apply	n 501	(c)(3)s	only)
40	available for public inspection. Indicate how you made these available. Check all that apply. Own website	* *****	!:-	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.			/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re KATHY SWEENEY 1807 S. Florida Ave. Lakeland FL 33803 863-683-4043	ecords	: ▶	

orm	990	(2014)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer and box if ficially the organization no	i arry rolato	40.9	u 1112	uiio	,, , o	onipo	1100	arry burier	it officer, an ecto	, or trustee.	
				((C)						
(A)	(B)		Position					(D)	(E)	(F)	
Name and Title	Average		do not check more					Reportable	Reportable	Estimated	
	hours per					or/trust		compensation	compensation from		
	week (list any hours for	익둜	Ξ	Q	<u>چ</u>	3.₹	2	from the	related organizations	other compensation	
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	ctal	ğ		l pc	e c	7	(W-2/1099-MISC)		organization	
	line)	trus	al tr		ğ	ğ				and related organizations	
		tee	uste			Sene	i			, and the second	
			õ			ited					
(1) STEVE ATNIP	.0				İ			o	ا	(0
DIRECTOR	.0	/			_		<u> </u>				
(2) BRUCE DAUGHERTY	.0					:		o	0	(0
DIRECTOR	0.	✓			<u> </u>						_
(3) GEORGE FRENCH	.0							o o	(0	
DIRECTOR	.0	✓	1	_			┞	1			<u>_</u>
(4) JAMES GEORGE				i				0	0	,	0
DIRECTOR	.0	✓	<u> </u>		<u> </u>		<u> </u>				_
(5) PHILIP LANCASTER								0	0	,	0
DIRECTOR	.0	✓					<u> </u>				_
(6) WALT PODEIN]						0	o	ď	^
DIRECTOR	.0	✓				<u> </u>	<u> </u>		U		_
(7) BENJAMIN RADFORD		1	1	ļ				0	o	,	D
DIRECTOR	.0	✓							0		<u>,</u>
(8) ULEYSSES RICHARDSON	3.0]						4,650	o	,	^
DIRECTOR	.0	✓						4,030	· ·		0 ——
(9) TED WHEELER	6.0							9,300	اه	,	0
DIRECTOR	.0	/	<u> </u>	✓	<u> </u>		<u> </u>	9,300			<u> </u>
(10) BRIAN KENYON	40.0]]					43,646	38,100	C	0
CHAIRMAN	.0	/		✓							
(11) TIM SIMMONS	.0]						0	ا ا		0
VICE CHAIRMAN	.0	✓		✓	<u> </u>			0	0		<u>,</u>
(12) CHAD TAGTOW	.0]						0	o		_
TREASURER	.0	1		✓				"	U U		0
(13)	.0										_
	.0	<u>L</u>		L	L		L				
(14)											_
	.0							0	0	C)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	nd F	lighe	st C	ompensated E	mployees (co	ntinued)	rage
	(A) Name and title	(B) Average		ot ch	Posi eck		e than o		(D) Reportable	(E) Reportable		(F) Estimated	
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS)		amount of other compensation from the organization and related organization	on n
(15)		.0							0		0		0
(16)		.0			-				0		0		0
(17)		.0 .0 .0											
(18)		.0									-		
(19)		.0											
(20)		.0											 · .
(21)		.0											_
(22)		.0									+-		
(23)		.0											
(24)		.0 .0							_		-		_
(25)		.0									+-		
1b	Sub-total		· ·	•	•	L		>	57,596	38,10			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	vii, Secuo		•		· ·			57,596	38,10	0		0
2	Total number of individuals (including bureportable compensation from the organ		to th	ose	lıst	ed	above	e) w	ho received m	ore than \$100	,000 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						-	oloyee, or high	•	P	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	portal an \$1	ole (om 000	npei)? <i>[</i>	nsatio f "Ye	on a s,"	and other comp	ensation from	the	3	
5	individual	r accrue co	ompe	nsat	ion	fro	m any	/ un	related organiz		dual	4	✓
Section	for services rendered to the organization on B. Independent Contractors	? II "Yes," C	ompi	ete .	SCI	eat	ile J 1	ors	sucn person	· · · · ·	<u>. </u>	5	✓
1	Complete this table for your five highest compensation from the organization. Repear.												ax
	(A) Name and business add	Iress							(B) Description of s	ervices	Con	(C) npensation	
				_									
	Total number of independent contractor	ors (includu	ng bi	rt ne	ot I	limit	ted to) th	nose listed abo	ove) who			
_	received more than \$100,000 of compen									·, · · · · ·			

Form 9	90 (2014	4)					Page \$
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to	any line in this	Part VIII		<u></u> 🗆
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats tts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b			Ì		1
, E	C	Fundraising events 1c		١	İ		
ar Zitt	d	Related organizations 1d					1
iz, (е	Government grants (contributions) 1e					Ţ
i Si	f	All other contributions, gifts, grants,		i	İ		1
the light		and similar amounts not included above 1f	332,783				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f. \$					
3 E	h	Total. Add lines 1a-1f	▶	332,783			
iue			Business Code				
.ver	2a						
» Re	b					<u> </u>	
Ş.	С						
Ser	d						
am	е						
Program Service Revenue	f	All other program service revenue.		_			
		Total. Add lines 2a–2f		0			
	3	Investment income (including dividend and other similar amounts)					
		Income from investment of tax-exempt to		12,792	12,792		
	4		ona proceeus				
	5	Royalties	(ii) Personal				
	6a	Gross rents	(.,, . 6.66.1.2.				
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 229,095	249				
	ь	Less: cost or other basis	243				
		and sales expenses . 211,039	,				
	С	Gain or (loss)					
		Net gain or (loss)	•	18,305	18,305		1
_		, ,		,			
Other Revenue	8a	Gross income from fundraising					
Ve		events (not including \$	'				
æ		of contributions reported on line 1c).					
ĕ		See Part IV, line 18	3				
₹	b		o			·	
•	С	Net income or (loss) from fundraising	events . 🕨				
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b		b				<u> </u>
	C	Net income or (loss) from gaming ac	tivities >			-	
	10a	Gross sales of inventory, less returns and allowances					
			,				
		Less: cost of goods sold I Net income or (loss) from sales of in	14,321	(2 540)	12 EAO		
	<u> </u>	Miscellaneous Revenue	Business Code	(3,549)	(3,549)		 -
	14-		Duamess Code		EAF		
	11a	Registration Sale of CDS/DVDS		515	515		
	b	Misc-Sale of t-shirts		1,032 257	1,032 257		
	d	All other revenue		23/	25/		
	e	Total. Add lines 11a-11d		1,804			
	12	Total revenue See instructions		362 134	20.254		

	00 (2014)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com	colete all columns. A	Il other organization	e must complete co	dumn (A)
Secuo	Check if Schedule O contains a respons				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			gonda, expenses	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	146,022	146,022		; = := :: ::: :===
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	52,800 54,700	52,800 54,700	,	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	80,170	26,970	53,200	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,318	6,248	4,070	
11	Fees for services (non-employees):			;	
a	Management				<u> </u>
b	Legal				
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,832	5,832		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,002	0,002		
12	Advertising and promotion	2,155	2,155		
13	Office expenses	18,944	18,944		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,849	2,849		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	13,199	13,199		
20	Interest				
21	Payments to affiliates	7.463	7.400		
22	Depreciation, depletion, and amortization .	7,463 3,028	7,463 3,028		
23	Insurance	3,028	3,028		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	AUTO	3,021	3,021		
b	FEES	1,095	1,095	_	
c	TELEPHONE	1,997	1,997		
ď	I ITHIA	260	260		
e	All other expenses TAXES	2,798	2,798	-	
25	Total functional expenses. Add lines 1 through 24e	406,651	349,381	57,270	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 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line i	n this Pa	rt X		
	<u>.</u>			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		55,430	1_	56,632
	2	Savings and temporary cash investments		103	2	120
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, du				
Assets		trustees, key employees, and highest compensated emp	loyees.			
		Complete Part II of Schedule L			5	
ssets	6	Loans and other receivables from other disqualified persons (as defined unde 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emplo sponsoring organizations of section 501(c)(9) voluntary employees' be organizations (see instructions). Complete Part II of Schedule L	yers and eneficiary		6	
se	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		54,344	8	53,306
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or		!		
		other basis. Complete Part VI of Schedule D 10a	251,795			
	b	Less: accumulated depreciation 10b	35,261	223,996	10c	216,534
	11	Investments—publicly traded securities		605,020	11	544,307
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		938,893	16	870,899
	17	Accounts payable and accrued expenses		2,163	17	2,163
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	·
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
ies	22	Loans and other payables to current and former officers, di			1	
Liabilities		trustees, key employees, highest compensated employees disqualified persons. Complete Part II of Schedule L				
<u>ia</u>	00	•			22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to relate			24	
	25	parties, and other liabilities not included on lines 17-24). Complete				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,163	26	2,163
		Organizations that follow SFAS 117 (ASC 958), check here ▶	✓ and			2,103
ės		complete lines 27 through 29, and lines 33 and 34.				
Ĕ	27	Unrestricted net assets		936,730	27	868,736
3ai	28	Temporarily restricted net assets		· .	28	
ğ	29	Permanently restricted net assets		:	29	
ts or Fund B		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	☐ and			
		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-ın or capital surplus, or land, building, or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fun			32	
Z	33	Total net assets or fund balances		936,730		868,736
_	34	Total liabilities and net assets/fund balances		938,893	34	870,899

	•		
Earm	000	(2014)	۱

Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .			\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1		362,	134
2	Total expenses (must equal Part IX, column (A), line 25)	2		406,	551
3	Revenue less expenses. Subtract line 2 from line 1	3		(44,5	17)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		936,	730
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(23,4	77)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		868,7	736
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · ·	• •	
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other	plain i	n I	Yes	No
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were complete.				✓
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a 📰		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	İ	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ıı			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth "			
Ja	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e 🔚		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forn	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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
Employer identification number

FLO	RIDA SCHOOL OF PREACHING					59 - 1392749	9
Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The o	organization is not a private founda		,		•	•	
1	A church, convention of churc			bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section		•				
3	A hospital or a cooperative ho						
4	A medical research organization		onjunction with a nosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the
_	hospital's name, city, and state		college or university				المرابع مانيم مرابع المسرر
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	roperate	ed by a government	ai unit described ir
6 7	☐ A federal, state, or local gover☐ An organization that normally						n the general public
	described in section 170(b)(1)						
8	A community trust described i			-			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business to	certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and				•	•	
11	☐ An organization organized and	•		-			out the purposes of
• •	one or more publicly supported						
	the box in lines 11a through 11						
а	☐ Type I. A supporting organize the supported organization (so organization. You must con the support of t	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organi	zation supervise	d or controlled in conf	nection w	ith its su	pported organization	n(s), by having
	control or management of th						
	organization(s). You must c	omplete Part IV	, Sections A and C.				
C							y integrated with,
	its supported organization(s)	•	-				
C							
	that is not functionally integr						an attentiveness
	requirement (see instruction	-					l T 101
€	Check this box if the organized functionally integrated, or Ty						ı, туре III
f	Enter the number of supported	-					
ç							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
(A)							
(B)							
				<u> </u>			
(C)		<u> </u>					
(D)							
(E)							
Tota							

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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 www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FLORIDA SCHOOL OF PREACHING - 1392749 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

Schedule	D (Form	990)	2014

Page	2

Part	U Organizations Maintaining Coll	ections of Art, His	storical Treasures	, or Other Similar A	issets (continuea)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	ords, check any of th	e following that are a	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	☐ Scholarly research	е	Other		
C	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.				
5	During the year, did the organization solic assets to be sold to raise funds rather than				
Part					
	Complete if the organization answays 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing table:		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on				•
<u> </u>	If "Yes," explain the arrangement in Part XI	II. Check here if the	explanation has been	provided in Part XIII	<u>. ,</u>
Par					
	Complete if the organization ans				
		Current year (b) P	nor year (c) Two yea	rs back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	urrent year end balan	ce (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowment ▶	<u>"</u>			
b	Permanent endowment ▶%)			
C	Temporarily restricted endowment ▶	%			
	The percentages in lines 2a, 2b, and 2c she	-			
3a	Are there endowment funds not in the pos	ssession of the organ	nization that are held	and administered for t	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
þ	If "Yes" to 3a(II), are the related organization				. 3b
4	Describe in Part XIII the intended uses of the		lowment funds.		
Part					5
	Complete if the organization ans	T			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		35,893	* ,5	35,893
b	Buildings		195,182	23,355	171,827
C	Leasehold improvements				
d	Equipment		20,720	11,906	8,814
е	Other				
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 1	0c.) ▶	216,534

Part VII	Investments — Other Securities. Complete if the organization answ	vered "Yes" to For	m 990, Part IV. line	11b. See Form	990, Part X. line 12
•	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-ł	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					 · · · · · · · · · · · · · · · · · ·
(E)					
(F)					
(G)			-		
(H)	75 000 B (V (B) (40) b				
Part VIII	b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>		
Part VIII	Investments – Program Related Complete if the organization answ		m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
_(4)	<u> </u>				
(5)					
(6)					
_(7)		<u>-</u>			
(8)		· 			
(9)	(h) must aqual Form 000 Part V and (P) line 12 \				
Part IX	(b) must equal Form 990, Part X, col (B) line 13.) Other Assets.		Li		
Partix	Complete if the organization answ	vered "Ves" to For	m 000 Part IV line	11d See Form	000 Part V line 15
		Description	in 330, i arciv, ine	Tid. See Foili	(b) Book value
(1)		,			(3) 3331 1233
(2)					
(3)					
(4)				<u> </u>	
(5)					
(6)					
(7)					
(8)					
(9)		-			
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	. ▶	
Part X	Other Liabilities. Complete if the organization answline 25.	vered "Yes" to For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal II	ncome taxes	<u></u>			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25.) ▶				
	r uncertain tax positions. In Part XIII, provi				
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text of th	e footnote has bee	n provided in Part XIII

Part	X	Reconciliation of Revenue per Audited Financial Stateme		•	Ketu	rn.
	-	Complete if the organization answered "Yes" to Form 990, F			1 .	
1		revenue, gains, and other support per audited financial statements			1	
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	1 -	I		
а		inrealized gains (losses) on investments	2a			
b		ited services and use of facilities	2b		_ i	
С		veries of prior year grants				
d		r (Describe in Part XIII.)				
е		lines 2a through 2d			2e	
3		ract line 2e from line 1			3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	ļ			
а		stment expenses not included on Form 990, Part VIII, line 7b				
b	Othe	r (Describe in Part XIII.)	4b	<u> </u>		
C		lines 4a and 4b			4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Part	XII				er Re	turn.
		Complete if the organization answered "Yes" to Form 990, F				
1	Total	expenses and losses per audited financial statements			_1	
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ated services and use of facilities	2a			
b	Prior	year adjustments	2b			
C	Othe	rlosses				
d	Othe	r (Describe in Part XIII.)	2d			
е	Add	lines 2a through 2d			2e	
3	Subt	ract line 2e from line 1	<i>:</i> •		3	
4	Amo	unts included on Form 990, Part IX, line 25, but not on line 1:				
а		stment expenses not included on Form 990, Part VIII, line 7b				
b	Othe	r (Describe in Part XIII.)	4b			
C		lines 4a and 4b			4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	e 18.)		5_	
		Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
		nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
						•••••
						
			-			
						•••••
						

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
	•	
•		
·		
· 		
		
		
		 -
		

SCHEDULE E (Form 990 or 990-EZ)

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.

Attach to Form 990 or Form 990-E2.
 Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FLORIDA SCHOOL OF PREACHING

Employer identification number

59 - 1392749

Part				
			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	√	
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?			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	2	✓	
3	during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes 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	✓	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	✓	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	✓	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	i I		
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		✓
b	Admissions policies?	5b		✓
С	Employment of faculty or administrative staff?	5c		✓
d	Scholarships or other financial assistance?	5d		✓_
е	Educational policies?	5e		✓
f	Use of facilities?	5f		✓
9	Athletic programs?	5g		✓
h	Other extracurricular activities?	5h		✓
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
		;		
_				Ļ
6a b	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	├┤	√
U	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	90		<u> </u>
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	1	

Schedine E (i	om 330 or 330-EZ) (2014)	Page ∠
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).	
		
		
		·
••••••		

SCHEDULE (Form 990)

FLORIDA SCHOOL OF PREACHING

Part |

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

% □ **Employer identification number** ✓ Yes 59 - 1392749 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance

2 Des Part II	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV line 21 for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.	zation's procedu sistance to Do	res for monitoring to mestic Organizareceived more the	the use of grant fur ations and Dom	nds in the United lestic Government can be dupliced	States. Ients. Complete if ated if additional s	the organization answespace is needed.	ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV line 21 for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.
1 (a) Nam	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)		:						
(2)								
(3)								
(4)								
(2)		-						
(9)								
(A)	(a)							
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ente	Enter total number of section 501(c)(3) and government orga Enter total number of other organizations listed in the line 1 t	501(c)(3) and gov ganizations listed	100 -	nizations listed in the line 1 table able	ne 1 table			A A
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2014)

Page 2	, Part IV, line 22.	(f) Description of non-cash assistance							ional information.							Schedule I (Form 990) (2014)
	ered "Yes" to Form 990,	(e) Method of valuation (book, FMV, appraisal, other)					9.		(b), and any other addit							!
	organization answ	(d) Amount of non-cash assistance							e 2, Part III, column							
	is. Complete if the	(c) Amount of cash grant	146,022						quired in Part I, line							
	mestic Individua I space is needed.	(b) Number of recipients	6						the information re							
Schedule I (Form 990) (2014)	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	1 LIVING EXPENSES WHILE ATTENDING SCHOOL						Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information							
Schedule I (Part III		1 LIVIN	8	က	4	လ	9	 Part IV		4 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

SCH²DULE 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.

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

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
FLORIDA SCHOOL OF PREACHING	59 - 1392749
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990	
THE RETURN IS REVIEWED BY THE BOOKKEEPER	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
NO DOCUMENTO AVAILABLE TO THE FOREIG	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	
CHANGE IN FAIR MARKET VALUE OF SECURITIES	
·····	
	·