Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

٩	For the 2	U16 cale	ndar year, or tax year begi	nning	July 1 ,	2016, and en	aing	June 3	<u> </u>	, 20 1/
3	Check if ap	plicable	C Name of organization FLO	RIDA SCHO	OL OF PREACHIN	IG		DE	Employe	er identification number
]	Address ch	nange	Doing business as						59	- 1392749
٦	Name char	-	Number and street (or P.O. b	ox if mail is not	delivered to street addre	ess) Roon	n/suite	E	elephor	ne number
₹	Initial return	_	1807 S FLORIDA AVEN	IUE					863	- 683-4043
╡	Final return/		City or town, state or province		1.7IP or foreign postal cor					
╡	Amended i		LAKELAND FL 33803	ا ا	Gross ra	ceipts \$ 452,804				
=		-	F Name and address of principal	al officer D.E	MAND KENVON	<del></del>				subordinates? Yes No
_	Application	periorig						i e		
			5795 TANASI COURT L			Des		1		s included? Yes No
<u>.                                    </u>	Tax-exemp			501(c) (	) <b>◄</b> (insert no.) ☐ 4947(a	a)(1) or 52		1		
<u></u> _	Website:					1		H(c) Group exe		
	art I			Association	Other	L Year of for	mation	1969	M State	of legal domicile. FL
ľ		Summ	<del></del>	<del></del>				<del></del>		<del></del>
_	1	-	escribe the organization's		•					
ű		IO IRA	IN PREACHERS AND B	IBLE CLAS	SS TEACHERS FOR	R THE CHUI	KCH (	OF CHRIST		
Activities & Governance										
Ve			is box ▶☐ if the organiz		•	-			1 1	its net assets.
Ğ	li .		of voting members of the	•		•			3	11
න්	1		of independent voting me						4	8
ij	5 T	otal nur	mber of individuals emplo	yed in calei	ndar year 2016 (Par	t V, line 2a)			5	12
Ξ	6 T	otal nur	mber of volunteers (estim	ate if neces	sary)				6	
Š	7a T	otal unr	elated business revenue	from Part V	III, column (C), line	12			7a	0
	b N	let unre	lated business taxable in	come from	Form 990-T, line 34				7b	0
								Pnor Year		Current Year
a)	8 0	Contribu	tions and grants (Part VIII	l, line 1h) .				381	,578	325,548
Revenue			service revenue (Part VII						0	0
Ş		_	ent income (Part VIII, colu				_	(31	,206)	26,334
ď			venue (Part-VIII,-column-(/						5,812	505
			enue-add lines 8 through	-					7,184	352,387
_			nd similar amounts paid						2,978	94,106
	1		paid to or for members (I		0,700	39,600				
"	1		other compensation, empl		7,464	146,963				
ses	1		onal fundraising fees (Par	171	0	140,303				
Expenses			idraising expenses (Part I							<del> </del>
Ä			penses (Part IX, column (			0	-		4 EOE	72 420
	1						` ├─		1,505	72,139
			penses. Add lines 13–17 (	·			`		2,647	352,808
. ,		revenue	less expenses. Subtract	line to iron	II line (12C. V.S. IV.		Be	ginning of Curre	,463)	(421) End of Year
Assets or Relances	20 -	Fatal ac-	sets (Part X, line 16) .	Ì			100		1,068	
<b>Rala</b>	20 T				S NOV 28 2	2017	·		<u> </u>	847,682
Net L	ا ا کا <u>ا</u>		oilities (Part X, line 26) .			.011 SS	·  -		2,437	2,588_
			ets or fund balances. Sub	tract line 2		1.152			8,6 <u>31</u>	845,094
	art II		ture Block		OGDEN.					
			ury, I declare that I have examine lete Declaration of preparer (other)							my knowledge and belief, it is
	1	1	Ball		7 10 24004 011 411 111 0111 141					1/ 2010
e:		<u></u>	6/1/			<del></del> -			JOV.	14, 2011
	gn	-	nature of officer	0700				Date		•
П	ere	_	RIAN R. KENYON, DIRE	CTOR						
		<del>/</del>	e or print name and title		<del>-, ,</del> -		Te :			Intil
Pa	aid	Print/Ty	pe preparer's name	Prepa	rer's signature		Date	·	Check	<b>—</b> 1
	eparer	·					<u> </u>		self-em	ployed
	se Only		name 🕨					Firm's	EIN ►	
_		Firm's a	address ►					Phone	по	
Ma	ay the IRS	3 discus	s this return with the pre	parer show	n above? (see instru	ictions) .				🗌 Yes 🗌 No
										E 000 (0016

Form 99	0 (2016) Page <b>2</b>
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO TRAIN PREACHERS AND BIBLE CLASS TEACHERS FOR THE CHURCH OF CHRIST
	TO TRAIN I READILIZO AND DIDEL DEAGO TEACHERO I ON THE OTIONOT OF OTINIO
	Did the assessment and adoles any similar at measure and any the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: \ (Expanses \$ 252.908 including grapts of \$ 94.105 \ (Revenue \$ 352.387 \)
ча	(Code: ) (Expenses \$ 352,808 including grants of \$ 94,106) (Revenue \$ 352,387)  TO TRAIN PREACHERS AND BIBLE CLASS TEACHERS FOR THE CHURCH OF CHRIST
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	······································
	······································
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
-40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)  Total program service expenses ▶ 352.808
4e	Total program service expenses ► 352,808

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	ı _
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	<b>✓</b>
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		<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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		<b>✓</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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>✓</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>✓</b>
	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		<b>✓</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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		1
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	<b>√</b>	<del>  _</del>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
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		1
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		1
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		<b>/</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		<b>✓</b>
		For	m <b>99</b>	0 (2016)

Part	V Checklist of Required Schedules (continued)			
00	Did the average transport on a survey of a survey of a survey of the sur	20-	Yes	No
_	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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	<b>✓</b>	
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		<b>✓</b>
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		✓_
	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		<b>√</b>
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		✓_
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		<b>√</b>
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-IVA family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		_ <b>√</b> _
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		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		1
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	<u> </u>	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	_	<u>/</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<u> </u>
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	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Fo	rm <b>99</b>	0 (2016

Form **990** (2016)

Part				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	!		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i 1		
v	reportable gaming (gambling) winnings to prize winners?	1c		<b>7</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		_
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12		,	İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
	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>✓</b>
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			ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<b>✓</b>
b	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).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Ż
С	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>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	] ]		1 :
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?	-		<del>-</del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		$\vdash$
	_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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			·}
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del> </del>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		<del> </del>
a	Initiation fees and capital contributions included on Part VIII, line 12			ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		1
а	Gross income from members or shareholders	l		1
þ	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		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		—
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		—
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	ļ		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	<del>                                     </del>	†

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	or a tructi	ons.
Secti	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.			1
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		. : ✓
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		<b>→</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		<b>\</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
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		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
Ъ	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
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_		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
100	Did the experient on have level chartery branches, an efficiency	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a		<b>/</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 I a		<b>-</b>
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	_	Ė
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		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Other officers or key employees of the organization	15b		1
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			
	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	s only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, 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	cords	:►	

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest Compensate	ed Employees, and
	Independent Contractors			_	

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any relate	d org	<u>anız</u>	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee
	T			(0	<b>C)</b>					
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per								compensation from	amount of
	week (list any hours for	익호	15	Q	줐	육표	77	from the	related organizations	other compensation
	related	dre	喜	Officer	yer	통	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctol	g		l g	yee c	Ī	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	<u>a</u>		Key employee	ğ	1	1		organizations
		tee	Institutional trustee		"	Highest compensated employee				-
			, g			ited				
(1) STEVE ATNIP	.0						ļ	0	o	0_
DIRECTOR	-0.	~			匚					
(2) BRUCE DAUGHERTY	.0							0	l o	0
DIRECTOR	.0	<b>✓</b>	<u> </u>			<u></u>	<u> </u>			
(3) GEORGE FRENCH	.0	1.						) o	) o	0
DIRECTOR	.0	_<			<u> </u>		_			
(4) PHILIP LANCASTER	.0	ļ		ļ	ļ		ļ	0	0	0
DIRECTOR	0	✓	L						ļ	
(5) WALT PODEIN								0	o	0
DIRECTOR	.0	✓		<u> </u>	<u> </u>		<u> </u>			
(6) BENJAMIN RADFORD	.0	4						0	0	0
DIRECTOR	.0	✓	<u> </u>		<u> </u>	<u> </u>	<u> </u>	ļ		
(7) ULEYSSES RICHARDSON	3.0	ļ			}		1	4,650	) 0	0
DIRECTOR	0	✓	<u> </u>		<u>L</u> .	<u> </u>	<u> </u>	4,030	<u> </u>	
(8) TED WHEELER	6.0			1		ļ		9,300		0
CHAIRMAN	.0	/	_	✓	L		_	3,500		
(9) BRIAN KENYON	40.0	1			İ		1	45,400	0	39,600
VICE CHAIRMAN	.0	✓	L	✓	L		_	73,700		33,000
(10) TIM SIMMONS	.0							0	0	0
SECRETARY	.0	<b>✓</b>		✓		Ĺ	L			
(11) CHAD TAGTOW	.0	]	Ì			Ì	1	0	o	) 0
TREASURER	.0	<b>_</b>		1			$oxedsymbol{oxed}$			
(12)					l	ļ		0	ا ا	0
	.0			<u> </u>	L		_		'	
(13)	0			l			1			
	.0	<u> </u>	_		_		_			
(14)									0	0
	.0		<u> </u>		L	<u> </u>			<u></u>	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (cont	tinued)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than o is both or/trust	an	(D) Reportable compensation	(E)  Reportable compensation from	(F) Estimated om amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or,	other npensatio from the ganization nd related ganization	1
(15)		.0							0	C	,		0
(16)		.0	_		_			-	0	0	,		0
(17)		.0			   						-		
(18)		.0										_	
(19)		.0	-	-							<del> </del>		
(20)		.0											
(21)		.0											_
(22)		.0											_
(23)		.0											
(24)		.0											
(25)		.0	-					=					-
1b c	Sub-total	VII, Section	n A	•	•		· ·	<b>&gt;</b>	59,350 0	<del></del>	)	39,	600 0
d 2	Total (add lines 1b and 1c)	t not limited						e) w	59,350 tho received m	<u> </u>	000 of	39,	600
	reportable compensation from the organ		0									Yes	No
3	Did the organization list any <b>former</b> o employee on line 1a? <i>If "Yes," complete</i>											1	<b>√</b>
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	)? [	f "Ye	s,"		nedule J for s	uch		\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Did any person listed on line 1a receive of for services rendered to the organization		ompe	nsa	tion	fro	m any	y ur	related organi	zation or individ	dual	5	7
Section	on B. Independent Contractors								<u> </u>		<u>_</u>	<u></u>	<u> </u>
1	Complete this table for your five highest compensation from the organization. Re year.												ax
	(A) Name and business address								(B) Description of s	services	(C) Compensation		
								-					
2	Total number of independent contract received more than \$100,000 of compensations.								hose listed ab	oove) who			
	Todated more dian \$100,000 or compens	Jacon Holli		yaı	ııza	1011						Form <b>99</b> (	0 (2016

Form **990** (2016)

Part	VIII	Statement of Revenue										
		Check if Schedule O contains a response of	r note to				<u> </u>					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts nts	1a	Federated campaigns 1a										
irai Ocu	ь	Membership dues 1b										
S, C	С	Fundraising events 1c		İ								
ia i	d	Related organizations 1d		İ								
S. iii	е	Government grants (contributions) 1e										
er S	f	All other contributions, gifts, grants,	l									
혈훈			325.548		1							
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f. \$	700									
<u>5</u> 8	h_	Total. Add lines 1a-1f	. •	325,548								
Ę	١ ـ	Busine	ss Code	-								
e	2a	<del></del>										
ě	b			<del></del>								
Program Service Revenue	C											
	d											
	e	All other program convention										
	f	All other program service revenue  Total. Add lines 2a-2f	. ▶	0								
	<u>g</u> 3	Investment income (including dividends, in										
	•	and other similar amounts)	-	12 020	12,838							
	4	Income from investment of tax-exempt bond proc	L	12,838	12,030							
	5	Royalties	• • • • • • • • • • • • • • • • • • •									
			rsonal									
	6a	Gross rents		ŀ								
	b	Less <sup>-</sup> rental expenses										
	С	Rental income or (loss)										
	d	Net rental income or (loss)	_, ▶									
	7a_	Gross amount from sales of (i) Securities (ii) C	Other									
		assets other than inventory 101,532										
	b	Less cost or other basis		1								
		and sales expenses . 88,035										
	С	Gain or (loss)13,497										
	d	Net gain or (loss)	. ▶	13,497	13,497							
Ф							•					
une	8a	Gross income from fundraising			ļ		1					
Š	Ì	events (not including \$										
ŭ		of contributions reported on line 1c).										
Other Reve	ļ	See Part IV, line 18 a										
ō	Ь	Less: direct expenses b										
	1	Net income or (loss) from fundraising events				·						
	9a	Gross income from gaming activities.  See Part IV, line 19 a		ì								
	b	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities .	. •									
	10a											
	IVa	returns and allowances a	44 200									
	Ь	Less: cost of goods sold b	11,266 12,383	1								
	C	Net income or (loss) from sales of inventory .	]	(1,117)	(1,117)							
	<b>├</b>		ss Code	(1,117)	(1,117)	<del></del>						
	11a	Registration		275	275							
	l ''a	Sale of CDS/DVDS		1,079	1,079		<del>                                     </del>					
		Misc-Sale of t-shirts		267	267							
	ď	All other revenue		207								
	e	Total. Add lines 11a-11d	. ▶	1,622			<del>                                     </del>					
	142	Total revenue Con instructions		250 207			<del></del>					

Form 99	0 (2016)				Page <b>10</b>
Part					
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	lumn (A).
	Check if Schedule O contains a respons			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	94,106	94,106		-
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				1
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	39,600 54,700	39,600 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)				
7 8	Other salaries and wages	81,819	30,825	50,994	
9 10	Other employee benefits	10,444	6,543	3,901	
11	Fees for services (non-employees):				
a	Management				
b b	Legal				
d	Lobbying	<del></del>			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,830	6,830		
g 	Other. (If line 11g amount exceeds 10% of line 25, column(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion [	3,711	3,711		
13	Office expenses	34,399	34,399		
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,407	1,407		
19	Conferences, conventions, and meetings .	15,254	15,254		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,681	2,681		
23	Insurance	2,429	2,429		
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.)				
_	AUTO	4 400	4 400		<del></del>
a h	AUTO	1,422 1,144	1,422		
C	TEL EPHONE	2,620	1,144 2,620		
d	TELEPHONE LITHIA	41	2,620		<del></del>
	LITHIA All other expenses TAXES	200	200		
25	Total functional expenses. Add lines 1 through 24e	352,808	297,913	54,895	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)	2521030	_5.10.10		v

12	art X						
		Check if Schedule O contains a response or	r note t	o any line in this Par	t X		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			226,101	1	55,919
	2	Savings and temporary cash investments		[	103	2	103
- 1	3	Pledges and grants receivable, net		[		3	
	4	Accounts receivable, net			278	4	128
	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L	ompens			5	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	-	6			
Assets	7	Notes and loans receivable, net		[		7	
&	8	Inventories for sale or use		57,422	8	57,303	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or	1 1				
- {		other basis. Complete Part VI of Schedule D	10a	22,551			;
	b	Less: accumulated depreciation	10b	16,864	8,368	10c	5,687
-	11	Investments—publicly traded securities			508,795	11	728,542
	12	Investments-other securities. See Part IV, line	11 .	[		12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal	al line 3	4)	801,068	16	847,682
	17	Accounts payable and accrued expenses			2,437	17	2,588
	18	Grants payable		18			
l	19	Deferred revenue		19	<u></u>		
	20	Tax-exempt bond liabilities	<u> </u>		20		
	-21—-	-Escrow-or-custodial-account-liabilityComplete-		-		21	
ies	22	Loans and other payables to current and for					
Ħ		trustees, key employees, highest comper					
Liabilities		disqualified persons. Complete Part II of Schedu				22	- <del></del>
_	23	Secured mortgages and notes payable to unrela		· ·		23	
	24	Unsecured notes and loans payable to unrelated		La contraction de la contracti		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines of Schedule D				0.5	
	26	Total liabilities. Add lines 17 through 25			2 427	25 26	2 500
		Organizations that follow SFAS 117 (ASC 958	) chec	k here \ \ \ \ \ \ and	2,437	20	2,588
es		complete lines 27 through 29, and lines 33 an		Kilere W alla			
2	27	Unrestricted net assets		ŀ	798,631	27	845,094
als	28	Temporarily restricted net assets	• •	· · · · · ·		28	
d E	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or e			<del></del>	31	
As	32	Retained earnings, endowment, accumulated in				32	
Ze	33	Total net assets or fund balances		798,631	33	845,094	
_	34	Total liabilities and net assets/fund balances .			801,068	34	847,682
							Form <b>990</b> (2016

Page	1	2

Part	XI Reconciliation of Net Assets	_		ge 12
	Check if Schedule O contains a response or note to any line in this Part XI			abla
1	Total revenue (must equal Part VIII, column (A), line 12)		352,	
2	Total expenses (must equal Part IX, column (A), line 25)		352,	
3	Revenue less expenses. Subtract line 2 from line 1		(4	21)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		798,	631
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		46,	<u>884</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		845,	<u>094</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	_ [
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			}
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1		
	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 audited on a			
	separate basis, consolidated basis, or both:		ŀ	
	☐ 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 oversight			ļ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>├</b> ──	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in	i		1
	Schedule O.			ļ
3a_	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Ast and OMB Circular A 1333			Γ,
_	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	Ļ✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	1		
	required audit or audits, explain why in Schedule C and describe any steps taken to undergo such audits	3b	ı	1

#### 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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number FLORIDA SCHOOL OF PREACHING 1392749 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 12, 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 (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

instructions . . . . .

Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
-	on A. Public Support	- 4 3 5 5 4 5 -			·		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					····	<del>,</del>
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	-		nd, third, fourth			· · · · · · · · · · · · · · · · · · ·
Secti	on C. Computation of Public Suppor	rt Percentag	je				
14	Public support percentage for 2016 (line					14	%
15 16a	Public support percentage from 2015 Scl 331/3% support test—2016. If the organ box and stop here. The organization qua	ization did not	t check the bo	x on line 13, a	nd line 14 is 3		
þ	331/3% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box	on line 13 or 10	6a, and line 15	is 331/3% or n	nore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization	016. If the orgets the "facts facts-and-cire	panization did parameter did p	not check a botances" test, cest. The organ	ox on line 13, heck this box ization qualifie	16a, or 16b, ar and <b>stop here</b> s as a publicly	nd line 14 is Explain in y supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets the meets the "fac	ne "facts-and- cts-and-circum	circumstances	s" test, check The organiza	this box and	stop here.
18	Private foundation. If the organization d					ck this hov and	1 500

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 10 of Part I or if the organ

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	under the te	Sta listed beit	Jw, picase co	mpiete i ait	<u> </u>	
	on A. Public Support			,	<del></del>		
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	received. (Do not include any "unusual grants.")	ļ			ļ	ļ	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				i		
	organization's tax-exempt purpose	<u></u>	<u> </u>				
3	Gross receipts from activities that are not an	ļ			1	1	
	unrelated trade or business under section 513			<u> </u>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified				}	1	}
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<u> </u>
8	Public support. (Subtract line 7c from	<del> </del>	<del> </del>		<del>                                     </del>	<del>                                     </del>	<del> </del>
•	line 6.)			ļ		(	
Secti	on B. Total Support		<del></del>	L	<u> </u>	·	<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
_10a_	_Grossincomefrominterest,—dividends,— payments received on secunties loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	
	loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secor				
Secti	on C. Computation of Public Support						
15	Public support percentage for 2016 (line						%
16	Public support percentage from 2015 Sci			<u> </u>	<u></u>	16	%
	on D. Computation of Investment In					T .= 1	<del></del>
17	Investment income percentage for 2016 (						
18	Investment income percentage from 2015 331/3% support tests—2016. If the organ					18 nore than 331/2	% and line
19a	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2015. If the organization		-	-		-	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d				-		

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b	-	-
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ —	1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
-	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	↓	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			<u> </u>
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7	<b>├</b>	┼
Ü	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	}	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		ļ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	90	ļ	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.			
h	Did the organization have any excess business holdings in the tax year? (Lise Schedule C. Form 4720, to	10a	╁	+-

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			,
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
<b>h</b>	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
Section	on B. Type I Supporting Organizations	110		_
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			<del></del>
2		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			,
	supervised, or controlled the supporting organization.	2		J
Section	on C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			'
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sooti	on D. All Type III Supporting Organizations	1		
Secu	on b. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			'
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		ļ	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<b></b>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		1	
	supported organizations played in this regard.	3		l
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,-
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ır	struct	tions).
2	Activities Test. Answer (a) and (b) below.		Vos	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.68	1,40
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1	<u> </u>
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<u></u>	<del> </del>	}
_	•	2b	-	-
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54	+	$\vdash$
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u>-</u>	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	<del>_</del> ···	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	**	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporti	ng organization (see

Part_		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			_
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<b>.</b>	,	
9	Distributable amount for 2016 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
ď	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
_j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result		,	j
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
a				
<u>u</u>	Excess from 2013	<del>                                     </del>		
	Excess from 2014	<del>                                     </del>		
d	Excess from 2015	<del></del>		<del> </del>
	Excess from 2016			
		<u> </u>	<del></del>	

Page	٤

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
	······································
·	
·	
	······································

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

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

▶ Attach to Form 990.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number FLORIDA SCHOOL OF PREACHING Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 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 conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on 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 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . . . . . 2a 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 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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. Complete if the organization answered "Yes" on 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. (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . 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: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . .

Assets included in Form 990, Part X . . . . . . . .

Page	2

	III Organizations Maintaining									
3	Using the organization's acquisition, a collection items (check all that apply):	acces	sion, and ot	ther recor	ds, chec	k any of the	e follov	ving that are a	significant u	use of its
а	☐ Public exhibition			<b>d</b> [	☐ Loan	or exchang	e progi	rams		
b	☐ Scholarly research									
С	☐ Preservation for future generations									
4	Provide a description of the organizati XIII.	ion's	collections	and expla	in how ti	hey further	the org	anization's exe	mpt purpos	e in Part
5	During the year, did the organization									
	assets to be sold to raise funds rather			ained as p	art of the	e organization	on's co	llection? .	· 🔲 Yes	□ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.			" on Fori	n 990, F	Part IV, line	9, or	reported an a	mount on I	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?									——— i □ No
b	If "Yes," explain the arrangement in Pa	art XII	and comple	ete the fo	llowing ta	able:			_	_
	, ,		•		Ū				Amount	
C	Beginning balance						10	:		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amoun	nt on I	Form 990, P	art X, line	21, for e	scrow or cu	ustodia	l account liabili	ty? 🗌 Yes	. □ No
_ b	If "Yes," explain the arrangement in Pa	a <u>rt XII</u>	I. Check her	e if the ex	planatio	n has been	provide	ed on Part XIII	· <u> </u>	
Pari	V Endowment Funds.									
	Complete if the organization	ansv	vered "Yes							
		(a)	Current year	<b>(b)</b> Pro	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four y	ears back
1a	Beginning of year balance [									
b	Contributions [									
C	Net investment earnings, gains, and									
	losses							_		
d	Grants or scholarships					_				
е	Other expenditures for facilities and		<del>-</del>							
	programs									
f	Administrative expenses [									
g	End of year balance [							_		
2	Provide the estimated percentage of t				e (line 1g	, column (a	i)) held	as:		
а	Board designated or quasi-endowmer	nt ▶		%						
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶		%							
	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	100%.						
За	Are there endowment funds not in the	e pos	session of t	he organı	zation th	at are held	and ac	lministered for	the	
	organization by:									res No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or								. 3b	
_ 4	Describe in Part XIII the intended uses			on's endo	wment f	unds.				
Pari				_	_	_		_		
	Complete if the organization	ans					<u>e 11a.</u>	See Form 99	0, Part X, li	ne 10.
	Description of property		(a) Cost or o (investri		1 ' '	or other basis other)		Accumulated epreciation	(d) Book	value
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment					22,551		16,864		5,687
e	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	990, Part i	X, colum	n (B), line 10	0c.) .	<u>.</u> <b>.</b>		5,687

	Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	<u>11b. See Form 990, Part X, li</u>	ine 1
	(a) Description of security or category (including name of security)	ory	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ıe
	I derivatives				
	held equity interests				
Other					
A) B)			<del> </del>		
C)			<del>                                     </del>		
D)					
E)					
F)					
G)					
H)			<b></b>		
	(b) must equal Form 990, Part X, col (B) line 12)		<u> </u>		
art VIII	Investments—Program Relate Complete if the organization and		rm 990 Part IV line	11c See Form 990 Part V I	ına 1
	(a) Description of investment	swered tes on Fo	(b) Book value	(c) Method of valuation	IIIC I
	(a) Description of investment		(b) Dook value	Cost or end-of-year market value	Je
				<del> </del>	
			<u> </u>		
<u> </u>			<del> </del>		
	<del></del>	<del></del>	<del> </del>		
<u> </u>					
)		·	<del>                                     </del>		
	(b) must equal Form 990, Part X, col (B) line 13)	<del></del>	<del> </del>		
art IX	Other Assets.		* <u></u>		
	Complete if the organization ar		rm 990, Part IV, line		
		(a) Description		(b) Book v	alue-
	<del></del>				
<u>)                                    </u>			<del> </del>		
) )					
)		<del></del>	<del></del>		
	<del></del>				
			·		
)					
) ) <b>tal.</b> (Colu	ımn (b) must equal Form 990, Part X,	col. (B) line 15.)			
) ) )	Other Liabilities.				Port \
) ) <b>tal.</b> (Colu	Other Liabilities. Complete if the organization ar				Part 2
) ) tal. (Colu	Other Liabilities.  Complete if the organization ar line 25.	nswered "Yes" on Fo			art )
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) ) tal. (Colu	Other Liabilities. Complete if the organization ar line 25.  (a) Description of liability	nswered "Yes" on Fo			art )

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Part			r Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	1 1
b	Donated services and use of facilities	2b	7 (
С	Recoveries of prior year grants		7
d	Other (Describe in Part XIII.)		7
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		<b>i</b> i
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			<del></del>
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	<del></del>	-
c	Other losses		┥
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In		
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at	nd 4. Part IV. lines 1b and	2b: Part V. line 4: Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		
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Schedule D (Fo	
Part XIII	Supplemental Information (continued)

#### SCHEDULE E (Form 990 or 990-EZ)

## **Schools**

OMB No 1545-0047 20**16** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FLORIDA SCHOOL OF PREACHING

Employer identification number

59 - 1392749

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

	(Form 990 or 990-EZ) 2016	Page 2
Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).	
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**SCHEDULE 1** (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form **Employer identification number** 201 ∇

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 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance FLORIDA SCHOOL OF PREACHING Department of the Treasury Internal Revenue Service Name of the organization Part II

(h) Purpose of grant or assistance (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) (D) EIN 1 (a) Name and address of organization or government 2 € 9 6 5 Ξ (12) 3 ල 8 E Θ

Schedule I (Form 990) (2016)

Cat. No 50055P

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 94,106 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 6 1 LIVING EXPENSES WHILE ATTENDING SCHOOL (a) Type of grant or assistance Part IV Part III 8 ო S 4 9

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

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

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

20**16** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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	
THE NETONALS REVIEWED DITTHE DOURNEEPER	
FORM ONE DARTAM LINE 40. COMERNING DOCUMENTO BIOCH COURSE EVELANATION	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
***************************************	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	
CHANGE IN FAIR MARKET VALUE OF SECURITIES	