

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE CORPORATION IS ORGANIZED TO SUPPORT THE DEVELOPMENT AND MAINTENANCE OF HOUSING FOR THE FLORIDA STATE UNIVERSTIY CHAPTER OF PI KAPPA ALPHA FRATERNITY AND TO SUPPORT ALUMNI RELATIONS AND EVENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

| | | Yes | No |
|---|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | No |
| 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 | | No |
| 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 | | |
| 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 | | No |
| 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 | | No |
| 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 | | No |



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

| | | | | |
|-----------|--|---|--|--|
| 2a | | 0 | | |
|-----------|--|---|--|--|

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

| | | | | |
|-----------|--|--|--|--|
| 2b | | | | |
|-----------|--|--|--|--|

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

| | | | | |
|-----------|--|--|--|----|
| 3a | | | | No |
|-----------|--|--|--|----|

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

| | | | | |
|-----------|--|--|--|--|
| 3b | | | | |
|-----------|--|--|--|--|

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

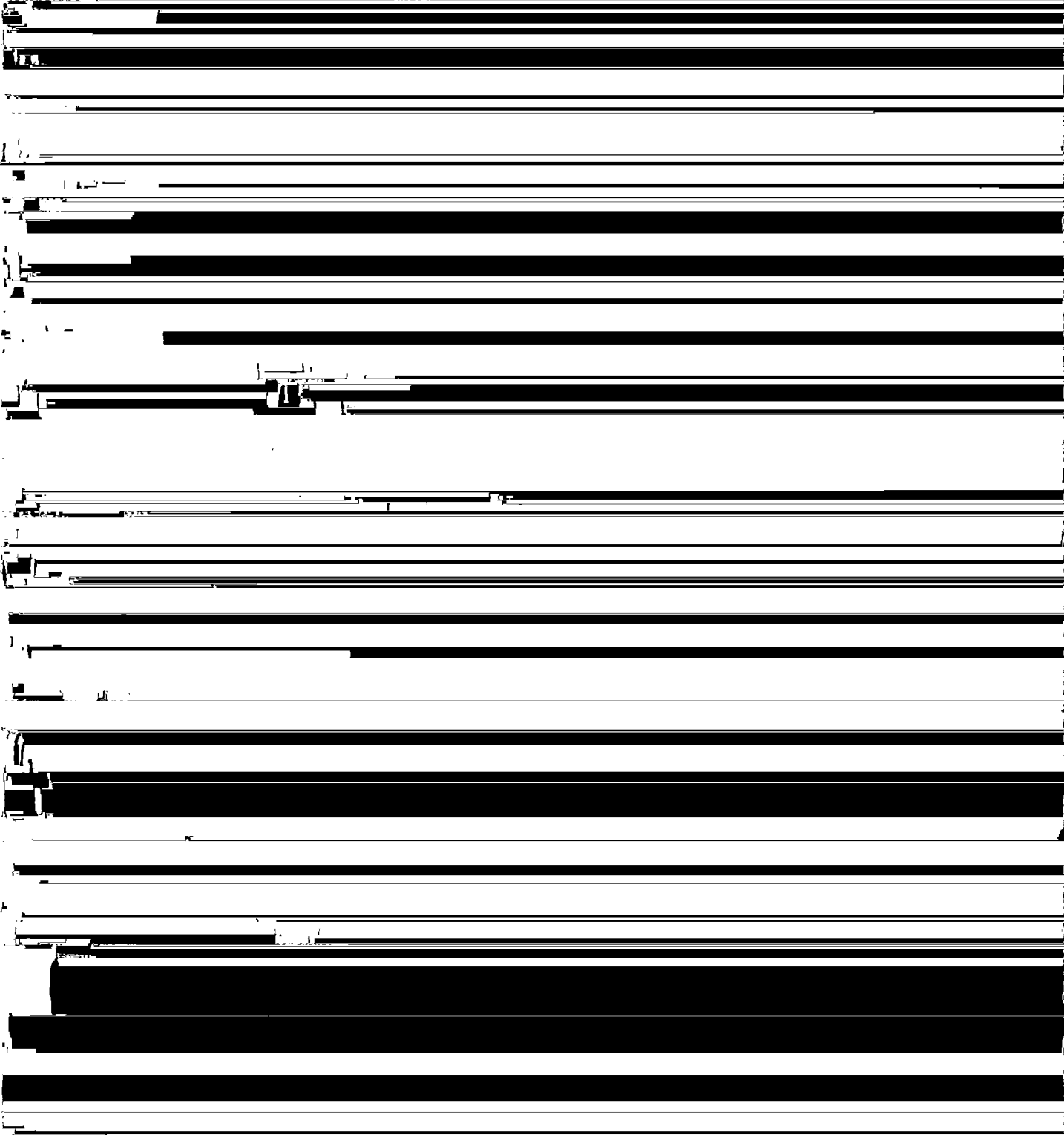
| | | | | |
|-----------|--|--|--|----|
| 4a | | | | No |
|-----------|--|--|--|----|

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)

5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

| | | | | |
|----------|--|--|--|----|
| 5 | | | | No |
|----------|--|--|--|----|



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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 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? | Yes | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 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? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | | No |
| b | Each committee with authority to act on behalf of the governing body? | | No |
| 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 | Yes | |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | 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 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | |
| | b Membership dues . . . | 1b | | | |
| | c Fundraising events . . . | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 50,173 | | |
| | g Noncash contributions included in lines 1a - 1f \$ | 1g | | | |
| | h Total. Add lines 1a-1f ▶ | | 50,173 | | |

| Program Service Revenue | | | Business Code | | | |
|--|-----------|---|---------------|--|--|--|
| | 2a | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f. ▶ | | 0 | | | | |

| | | | | | |
|---|-----------|---------|----------------|---------------|--|
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 0 | | | |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | 0 | | | |
| 5 Royalties ▶ | | 0 | | | |
| | | | (i) Real | (ii) Personal | |
| 6a Gross rents | 6a | 412,988 | | | |
| b Less rental expenses | 6b | 390,603 | | | |
| c Rental income or (loss) | 6c | 22,385 | | | |
| d Net rental income or (loss) ▶ | | 22,385 | | 22,385 | |
| | | | (i) Securities | (ii) Other | |
| 7a Gross amount from sales of assets other than inventory | 7a | | | | |
| b Less cost or other basis and sales expenses | 7b | | | | |
| c Gain or (loss) | 7c | | | | |
| d Net gain or (loss) ▶ | | 0 | | | |
| 8a Gross income from fundraising events | | | | | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 0 | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 0 | | | |
| 10 Payroll taxes | 0 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 0 | | | |
| c Accounting | 3,150 | | | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,600 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 0 | | | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 0 | | | |
| 17 Travel | 0 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 0 | | | |
| 23 Insurance | 0 | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BANK CHARGES | 1,414 | | | |
| b TAXES AND LICENSES | 61 | | | |
| c | | | | |
| d | | | | |
| e All other expenses | 0 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,225 | 0 | 0 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

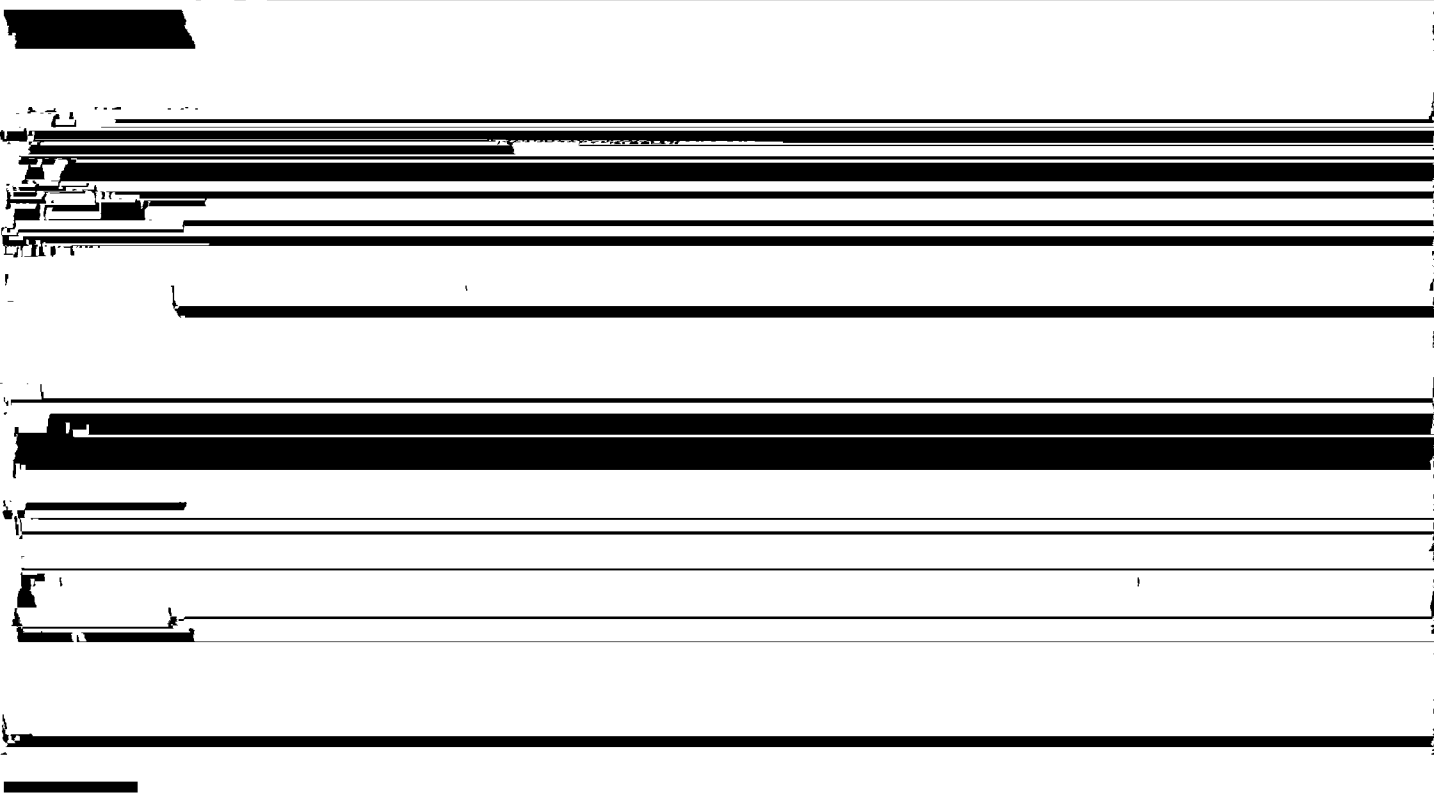
Check if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|---------------------|----------------------|
| Assets | 1 Cash—non-interest-bearing | 203,343 | 1 | 107,488 |
| | 2 Savings and temporary cash investments | | 2 | 0 |
| | 3 Pledges and grants receivable, net | | 3 | 0 |
| | 4 Accounts receivable, net | 485 | 4 | 2,599 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | 0 |
| | 8 Inventories for sale or use | | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | | 9 | 0 |
| | 10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D | 10a 4,750,198 | | |
| | b Less accumulated depreciation | 10b 1,967,117 | 2,679,811 | 10c 2,783,081 |
| | 11 Investments—publicly traded securities | | 11 | 0 |
| | 12 Investments—other securities—See Part IV, line 11 | | 12 | 0 |
| | 13 Investments—program-related—See Part IV, line 11 | | 13 | 0 |
| | 14 Intangible assets | 73,506 | 14 | 68,095 |
| | 15 Other assets—See Part IV, line 11 | | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 2,957,145 | 16 2,961,263 | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,802 | 17 | 58,710 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability—Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,012,801 | 23 | 1,904,278 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D | 12,400 | 25 | 13,800 |
| | 26 Total liabilities. Add lines 17 through 25 | | 2,037,003 | 26 1,976,788 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | | 27 | |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 920,142 | 31 | 984,475 |
| 32 Total net assets or fund balances | 920,142 | 32 | 984,475 | |
| 33 Total liabilities and net assets/fund balances | 2,957,145 | 33 | 2,961,263 | |

Part XI Reconciliation of Net Assets

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

| | | |
|--|----------|--------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 72,558 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,225 |
| 3 Revenue less expenses Subtract line 2 from line 1 | 3 | 64,333 |



| | |
|--|---|
| Name of the organization LEGENDS OF DELTA LAMBDA INC | Employer identification number 22-3857797 |
|--|---|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | |
|--|--------------------------------|-------------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
|--|--------------------------------|-------------------------------------|

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 22-3857797

Name: LEGENDS OF DELTA LAMBDA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE CORPORATION HAS ACTIVELY ENGAGED IN FUNDRAISING ACTIVITIES FOR THE PURPOSE OF DESIGNING, DEVELOPING AND MAINTAINING HOUSING FOR THE FLORIDA STATE UNIVERSITY CHAPTER OF PI KAPPA ALPHA FRATERNITY IN 2003, CONSTRUCTION BEGAN ON THE HOUSING FOR THE CHAPTER AND IN APRIL, 2005, THE COMPLETED HOUSE WAS OCCUPIED

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2019
Open to Public

▶ 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

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 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 | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Name of the organization
LEGENDS OF DELTA LAMBDA INC

Employer identification number
22-3857797

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | | |
|----------|-----------------------------|--------------------------------|-------------------------------------|
| 1 | Total number at end of year | (a) Donor advised funds | (b) Funds and other accounts |
|----------|-----------------------------|--------------------------------|-------------------------------------|

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 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) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 13,800 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

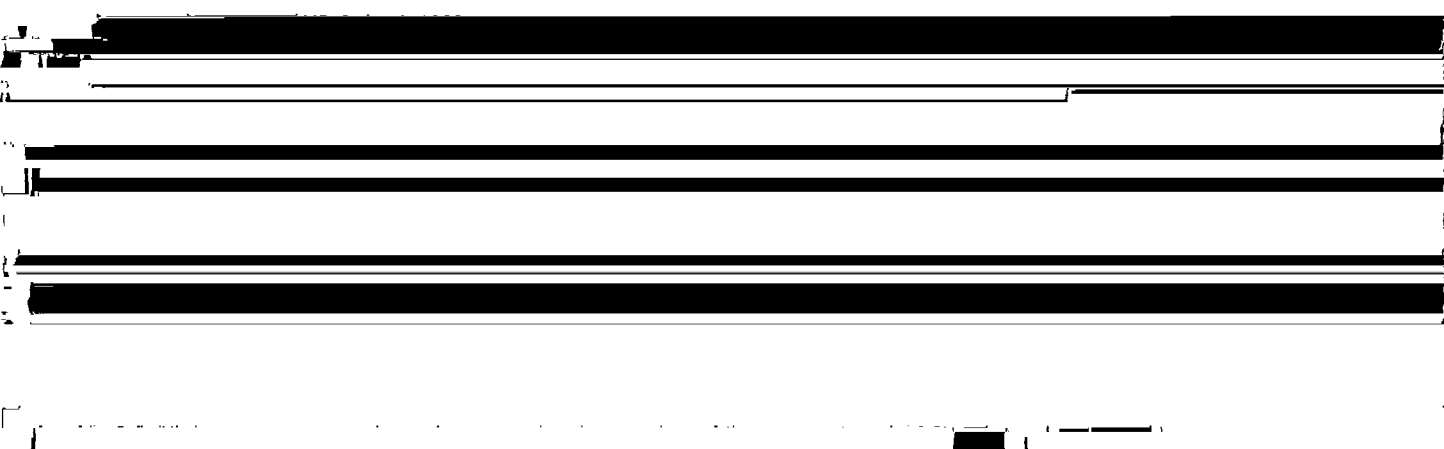
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | 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 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.



Part XIII **Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
LEGENDS OF DELTA LAMBDA INC

Employer identification number

22-3857797

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company | COASTAL PROPERTY SERVICES COLLECTS RENTS, AND PROVIDES LEGENDS A SUMMARY OF THE RENTS COLLECTED AND ANY FEES ASSOCIATED WITH THE COLLECTION PROCESS COASTAL THEN GIVES LEGENDS THE RENT COLLECTED MINUS AN AGREED UPON MANAGEMENT FEE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 9 Officer, Director, Trustee, Key Employee Mailing Address | O KEN MARKS, JR P O BOX 2336CLEARWATER, FL 33757SCOTT ROIX8733 SILVERTHORN ROADSEMINOLE, FL 33777DOUGLAS W RUSSELL2782 MILLSTONE PLANTATION ROADTALLAHASSEE, FL 32312JIMMY KEEN90 79 RIDGEVIEW TRAILTALLAHASSEE, FL 32312MICKEY FERNANDEZ2515 MONTCLAIRE COURTWESTON, FL 333 27DAVID RANCOURT5858 CENTRAL AVEST PETERSBURG, FL 33707R ANDY MILLER5858 CENTRAL AVENUES T PETERSBURG, FL 33707 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 11b Form 990 Review Process | DIRECTORS ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 FOR REVIEW ANY COMMENTS OR CHANGES ARE TAKEN INTO CONSIDERATION BEFORE THE FILING OF THE TAX RETURN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews are conducted |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THIRD-PARTY ONLINE SOURCES |