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2019

OMB No. 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2019, or tax year b	eginning 01-01-20	19 , aı	nd ending 12-31-					
PR	OFESSI	ndation ONAL FIREFIGHTERS OF MARION ENEVOLENCE FUND INC			A Employer id 32-0285305	entification numbe	r			
	nber and O BOX 3	street (or P.O. box number if mail is not 1563	delivered to street address)	Room/suite	i '	B Telephone number (see instructions) (352) 216-1092				
	or town LA, FL	, state or province, country, and ZIP or fo 34478	reign postal code		C If exemption	application is pending	g, check here			
l Cl	neck ty Sectior ir mark year (f	4947(a)(1) nonexempt charitable to the value of all assets at end room Part II, col. (c), ◆ \$3.306	1(c)(3) exempt private for a	oundation private foundation Cash Accru	2. Foreign or test, check E If private for under section F If the founds	ganizations, check herganizations meeting k here and attach corundation status was to 507(b)(1)(A), checation is in a 60-month of 507(b)(1)(B), checation is checation is checation.	the 85% mputation			
Pa	rt I	Analysis of Revenue and Exof amounts in columns (b), (c), and (d) equal the amounts in column (a) (see in) may not necessarily	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1 2 3 4 5a	Contributions, gifts, grants, etc., reschedule) Check ▶ ☐ if the foundation is not school. B Interest on savings and temporary Dividends and interest from securit Gross rents	ot required to attach	17,774						
Revenue	6a b	Net rental income or (loss) Net gain or (loss) from sale of asset Gross sales price for all assets on I Capital gain net income (from Part	ine 6a		0					
	8 9 10a b	Net short-term capital gain Income modifications				0				
	11 12	Gross profit or (loss) (attach sched Other income (attach schedule) Total. Add lines 1 through 11 . Compensation of officers, directors		-473 47,627 64,928	0	-473 47,627 47,154				
(benses	14 15 16a b	Other employee salaries and wage: Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule)	s							
Operating and Administrative Expenses	17 18 19	Other professional fees (attach sch Interest		% 135	0	466				
ng and Adm	20 21 22 23	Occupancy		% 47,141	0	47,141	0			
Operati	24 25 26	Total operating and administrate Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disburseme		47,276 21,870		47,607	21,870			
	27 a	Subtract line 26 from line 12: Excess of revenue over expense disbursements	es and	69,146 -4,218		47,607	21,870			
	b c	Net investment income (if negative Adjusted net income (if negative work Reduction Act Notice, see in the second s	e, enter -0-)		Oat No. 11389)	0	m 990-PF (2019)			

Page **2**

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Net

2

3

4

29 30

Part III

Total net assets or fund balances (see instructions) .

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Pai	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	f year						
			should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value						
	1	Cash—non-interest	-	86,550	68,249	68,249						
	2		prary cash investments									
	3	Accounts receivable										
			doubtful accounts									
	4	Pledges receivable	-									
		Less: allowance for	doubtful accounts									
	5	Grants receivable										
	6	Receivables due fro	om officers, directors, trustees, and other									
		disqualified person	s (attach schedule) (see instructions)									
	7	Other notes and loa	ans receivable (attach schedule) 🕨									
		Less: allowance for doubtful accounts ▶										
\sim	8	Inventories for sale or use										
Assets	9	Prepaid expenses a	and deferred charges									
As	10a	Investments—U.S.	and state government obligations (attach schedule)									
	b	Investments—corp	orate stock (attach schedule)									
	С	Investments—corp	orate bonds (attach schedule)									
	11	Investments—land	, buildings, and equipment: basis 🟲									
		Less: accumulated	depreciation (attach schedule) ▶									
	12	Investments-mort	gage loans									
	13	Investments—othe	r (attach schedule)									
	14	Land, buildings, an	d equipment: basis ► 2,332									
		- ·	depreciation (attach schedule) ▶ 2,265	202	45. 67	67						
	15		ribe •)		14,390	14,390						
	16		e completed by all filers—see the		,							
		instructions. Also,	, ,	87,524	83,306	83,306						
\dashv	17		and accrued expenses	0,7021	00,000							
		. ,										
Š	18											
Ϊŧ	19											
Liabilities	20		s, directors, trustees, and other disqualified persons									
Ĭ.	21		er notes payable (attach schedule)									
	22											
_	23	Total liabilities(a	dd lines 17 through 22)	0	0							
es		Foundations that	follow FASB ASC 958, check here 🕨 🔽									
		and complete line	es 24, 25, 29 and 30.									
<u>ala</u>	24	Net assets without	donor restrictions	87,524	83,306							
8	25	Net assets with dor	nor restrictions									
Assets or Fund Balano		Foundations that	do not follow FASB ASC 958, check here									
띡			es 26 through 30.									
ō	26	•	principal, or current funds									
ets	27		urplus, or land, bldg., and equipment fund									
155	28	·	accumulated income, endowment, or other funds									

87,524

87,524

83,306

83,306

1

2

3

4

5

6

87,524

-4,218

83,306

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0

0

	e the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		nase	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
1a					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain o	h) r (loss)) minus (g)
a					
b					
<u>c</u>					
d					
e Complete only for const		and by the foundation on 12/21/6	`		
Complete only for assets	s showing gain in column (h) and ow (j)	ned by the foundation on 12/31/6)		l) h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis	Excess of col. (i) over col. (j), if any		col. (k), but not	less than -0-) or om col.(h))
a					
b				 	
C				 	
d e				 	
		If gain, also enter in Part I, line 7	-		
2 Capital gain net income	e or (net capital loss)	If (loss), enter -0- in Part I, line 7	}	2	
3 Net short-term capital examples	gain or (loss) as defined in sections :	1222(5) and (6):			
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0-	. }	3	
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investm	ent In	come	
	private foundations subject to the sec				
If section 4940(d)(2) applies, le	eave this part blank.				
	ne section 4942 tax on the distributal ot qualify under section 4940(e). Do	* *	period	? \ \ \ \ \ \ \ \ \	es 🗹 No
1 Enter the appropriate an	nount in each column for each year;	see instructions before making an	y entrie	S.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rati (col. (b) divided by co	-
2018	26,227	86,21	1		0.304219
2017	17,421	93,57	8		0.186166
2016	7,789	82,06			0.094908
2015	13,915	65,94			0.211016
2014	12,186	49,00	+	<u> </u>	0.248669
2 Total of line 1, column (d)		2		1.044978
number of years the four	o for the 5-year base period—divide in Indation has been in existence if less Incharitable-use assets for 2019 fron	than 5 years 🔒	3 4		0.208996 82,056
5 Multiply line 4 by line 3		·	5		17,149
• • •	ent income (1% of Part I, line 27b)		6		0
7 Add lines 5 and 6			7		17,149
	ions from Part XII, line 4 ,		8		21,870
If line 8 is equal to or green instructions.	eater than line 7, check the box in Pa	art VI, line 1b, and complete that p	art usir	ng a 1% tax rate. Se	e the Part VI
mod decions.				——————————————————————————————————————	rm 990-PF (201

	990-F1 (2019)		- 4-20.14	— • • • • • • • • • • • • • • • • • • •	,		P	age (
श्च		ing Activities for Which	Form 4720 May Be	Required (continued)	<i>)</i>			
ā	During the year did the foundation p	·					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes ि	✓ No			
	(2) Influence the outcome of any sp	ecific public election (see sect	tion 4955); or to carry					
	on, directly or indirectly, any vot	er registration drive?	· · 🗌 Yes 🛭	✓ No				
	(3) Provide a grant to an individual	for travel, study, or other sim	☐ Yes ☐	▼ No				
	(4) Provide a grant to an organization	on other than a charitable, etc	, organization described		<u> </u>			
	in section 4945(d)(4)(A)? See in	structions		· · □ v [✓ No			
	(5) Provide for any purpose other th	an religious, charitable, scien	tific, literary, or	· · L Yes	⊻ No			
	educational purposes, or for the	prevention of cruelty to childr	en or animals?					
b	If any answer is "Yes" to $5a(1)-(5)$,	•		Ceptions described in	⊻ No			
	Regulations section 53.4945 or in a	•		•		5b		
	Organizations relying on a current no			_	t			
_	If the answer is "Yes" to question 5a				ШΙ			
	tax because it maintained expenditu	• • •	•		_			
	If "Yes," attach the statement requir			' '	_ No			
	•	· -						
ìа	Did the foundation, during the year,	, , ,						
	a personal benefit contract?			⊔ Yes D	✓ No			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.							
'a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter tra	nsaction? Yes	✓ No			
b	If "Yes", did the foundation receive a	any proceeds or have any net	income attributable to the			7b		
3	Is the foundation subject to the sect	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🗌 Yes	√ N° [
	Information About O	fficers, Directors, Trust	tees. Foundation Ma			ees.		
Pai	t VIII and Contractors	, 2, 11	,		,	,,		
1	List all officers, directors, trustee	s. foundation managers ar	nd their compensation	See instructions				
	List an officers, an ectors, trustee	(b) Title, and average	(c) Compensation (If	(d) Contributions to	1,,	_		
	(a) Name and address	hours per week	not paid, enter	employee benefit plans a			ise acci	
		devoted to position	-0-)	deferred compensation	י ו	iller ai	lowanic	.63
ee A	Additional Data Table							
2	Compensation of five highest-pai	d employees (other than t	l hose included on line :	l—see instructions). If ⊢	none, er	ter "l	NONE.	71
	, , ,			(d) Contributions to	1			
a)	Name and address of each employee [paid (b) Title, and average hours per week	(c) Compensation	employee benefit			se acco	
	more than \$50,000	devoted to position	(c) compensation	plans and deferred	otl	ner all	owance	es
				compensation				
ONI	<u> </u>							
					\perp			
nt2	I number of other employees paid ove	r \$50 000.						
Jid	Hamber of other employees paid over				Farr	~ QQ(0-PF (2010
					LOL	□ プラし	5-PF (Z019

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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see instr	uctions). If none, enter "NO	NE".
	Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical i organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 THE ANNUAL MCFBF SALTWATER CLASSIC FISHING TOURNAMENT IS OPEN TO ALL MEM PROCEEDS ARE GENERATED FROM ENTRY FEES PAID BY PARTICIPANTS, GENERAL DON PROCEEDS FROM DONATED ITEMS. ALL PROCEEDS AFTER EXPENSES ARE RETURNED TO	ATIONS, AND RAFFLE	
TO BE DISBURSED TO VOTED UPON ORGANIZATIONS AND/OR INDIVIDUAL ASSISTANCE	E.	14,494
2 THE ISR INFANT SWIMMING RESOURCE SPONSORSHIP IS OPEN TO ALL MEMBERS AND GENERATED FROM GENERAL DONATIONS. THE SPONSORHIP PROVIDES ACCESS TO CO RESCUE SWIMMING TECHNIQUES TO CHILDREN UP TO 6 YEARS AND EMPHASIZES HEA	URSES PROMOTING SELF-	
EVALUATIONS AND PARENT EDUCATION.		4,045
3 THE ANNUAL MCFBF GOLF TOURNAMENT IS OPEN TO ALL MEMBERS AND CITIZENS. PROFISED FROM ENTRY FEES PAID BY PARTICIPANTS, GENERAL DONATIONS, HOLE SPONSORSHIIN FROM DONATED ITEMS. ALL PROCEEDS AFTER EXPENSES ARE RETURNED TO THE BENER DISBURSED TO VOTED UPON ORGANIZATIONS AND/OR INDIVIDUAL ASSISTANCE.	PS, AND RAFFLE PROCEEDS	3,844
4 THE ANNUAL PROFESSIONAL FIREFIGHTERS OF MARION COUNTY FIREFIGHTER BALL IS		3/611
THE DEPARTMENT AND THEIR FAMILIES. PROCEEDS ARE GENERATED FROM SALE OF TI COLLECTED FROM DONATED ITEMS THAT ARE RAFFLED OFF DURING THE EVENT. ALL P		
ARE RETURNED TO THE BENEVOLENCE FUND TO BE DISBURSED TO VOTED UPON ORGAINDIVIDUAL ASSISTANCE. THERE WAS NO BALL EVENT DURING 2018.		6,265
Part IX-B Summary of Program-Related Investments (see instructions)		0,203
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2.	Amount
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0
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2a	Tax on investment income for 2019 from Part VI, line 5	2a			
b	Income tax for 2019. (This does not include the tax from Part VI.). \cdot .	2b			
C	Add lines 2a and 2b		 	 2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		 	 3	
4	Recoveries of amounts treated as qualifying distributions		 	 4	
5	Add lines 3 and 4		 	5	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

6 7

1a

1b

2

За 3h

4

5

21,870

21.870

21.870

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Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Part XII

1

2

3

4

5

b

Part XIII Undistributed Income (see instructions)										
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019						
1 Distributable amount for 2019 from Part XI, line 7										
2 Undistributed income, if any, as of the end of 2019:										
a Enter amount for 2018 only				<u> </u>						
b Total for prior years: 20, 20, 20										
3 Excess distributions carryover, if any, to 2019:										
a From 2014										
b From 2015										
c From 2016										
d From 2017										
e From 2018										
f Total of lines 3a through e										
4 Qualifying distributions for 2019 from Part										
XII, line 4: • \$										
a Applied to 2018, but not more than line 2a										
b Applied to undistributed income of prior years (Election required—see instructions)										
c Treated as distributions out of corpus (Election required—see instructions)										
d Applied to 2019 distributable amount										
e Remaining amount distributed out of corpus										
5 Excess distributions carryover applied to 2019.										
(If an amount appears in column (d), the same amount must be shown in column (a).)										
6 Enter the net total of each column as indicated below:										
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5										
b Prior years' undistributed income. Subtract line 4b from line 2b										
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed										
d Subtract line 6c from line 6b. Taxable amount —see instructions										
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions										
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must										

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	same amount must be shown in column (a).)		
6	Enter the net total of each column as indicated below:		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		
b	Prior years' undistributed income. Subtract line 4b from line 2b		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		
d	Subtract line 6c from line 6b. Taxable amount —see instructions		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions		

be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line $\hat{7}$ (see instructions). . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. . c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

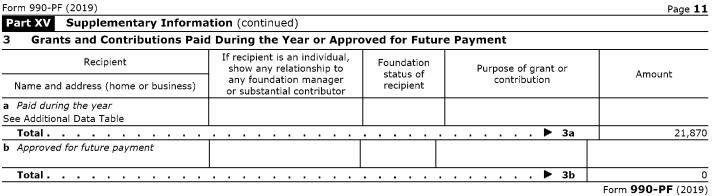
-	Part XIV	Private Operating Found	ations (see instru	ictions and Part V	II-A, question 9)		
	foundation	dation has received a ruling or det n, and the ruling is effective for 20	19, enter the date of	f the ruling	▶∟		2014-05-16
b	Check box	to indicate whether the organizati	on is a private opera	ting foundation desc	cribed in section 🗹	4942(j)(3) or	4942(j)(5)
2a		lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
		om Part I or the minimum t return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(c) rotar
	year listed		0	4,311	4,679	4,103	13,093
		e 2a	0	3,664	3,977	3,488	11,129
	line 4 for e	distributions from Part XII, each year listed	21,870	26,227	17,421	7,789	73,307
d		ncluded in line 2c not used ractive conduct of exempt	0	0	0	0	0
е	for active	distributions made directly conduct of exempt activities. ne 2d from line 2c	21,870	26,227	17,421	7,789	73,307
3		a, b, or c for the e test relied upon:					
а		Iternative test—enter:	02.206	07.534	05.003	02.240	240 452
	(2) Value	of all assets	83,306 83,306	87,524 87,524	95,003 95,003	83,319 83,319	349,152 349,152
b	"Endowme	section 4942(j)(3)(B)(i) ent" alternative test— enter 2/3 Im investment return shown in e 6 for each year listed.	63,300	07,32+	33,003	03,313	345,152
С	-	alternative test—enter:					-
	invest divid on se	support other than gross tment income (interest, ends, rents, payments curities loans (section 1)(5)), or royalties)					0
	(2) Support and 5 organ	ort from general public or more exempt nizations as provided in on 4942(j)(3)(B)(iii)					0
		est amount of support					
		an exempt organization					0
	_ `	s investment income					0
Pa		upplementary Information ssets at any time during the			oundation had \$	55,000 or more i	n
=		ion Regarding Foundation Mana		uctions.)			
а	List any ma	anagers of the foundation who hav	e contributed more t				n
		e close of any tax year (but only if anagers of the foundation who owr					
U		o of a partnership or other entity) o				rge portion of the	
2		on Regarding Contribution, Gra					
	unsolicited	e ▶ □ if the foundation only mak d requests for funds. If the foundat ditions, complete items 2a, b, c, ar	tion makes gifts, gra	nts, etc. to individua	e organizations and o als or organizations o	does not accept under	
а	· ·	34478	or e-mail address of t	the person to whom	applications should	be addressed:	
b	The form i	n which applications should be sub	mitted and informat	ion and materials th	ey should include:		
	QUARTERI OF THE OF INCLUDE I	UTIONS REQUESTED BY MEMBERS LY MEETING OR VIA CONFERENCE RGANIZATION AND ITS MISSION. REASON FOR NEEDING ASSISTANG I DURING A MEETING OR EMAIL EX	EMAIL. MEMBER REG FOR INDIVIDUALS R CE AND PROOF OF H	QUESTS MUST HAVE EQUESTING FINANC	A SET AMOUNT FOI CIAL ASSISTANCE, T	R CONTRIBUTION AN HE WRITTEN APPLIC	ND A DESCRIPTION CATION MUST

THERE ARE NO DEADLINES AT THIS TIME.

 \mathbf{d} Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines:

factors:
CONTRIBUTIONS TO ORGANIZATIONS ARE LIMITED TO \$1,500 PER CALENDAR YEAR. FINANCIAL ASSISTANCE CONTRIBUTIONS ARE LIMITED TO \$500.00 PER MONTH FOR A MAXIMUM OF THREE MONTHS IN ONE CALENDAR YEAR.



Part XV	I-A Analysis of Income-Producing	Activities				
Enter gros	s amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt function income
1 Progra	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
_	LF & FISHING TOURNAMENT					24,877
b FIR	EFIGHTERS BALL					6,347
c OTH	HER EVENTS					4,270
d						
е						
f						
g Fees	and contracts from government agencies					
	ership dues and assessments					12,133
	st on savings and temporary cash					
	ments					
	nds and interest from securities					
	ntal income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
invent	` ,					
	•					
	come or (loss) from special events: profit or (loss) from sales of inventory					-473
	revenue: a					-4/3
	Tevenue. u					
	tal. Add columns (b), (d), and (e).		0			47,154
	Add line 12, columns (b), (d), and (e)				<u> </u>	47,154
	vorksheet in line 13 instructions to verify calcu					.,,
Part XV	I-B Relationship of Activities to th	e Accomplisi	hment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
9	SPECIAL EVENTS PROVIDED A PLATFORM FO	OR REACHING O	UT TO THE PUBLIC	IN		
9	AN EFFORT TO CONNECT WITH OTHER ORG					
9	THE FUND'S MISSION. THESE EVENTS ALSO					
<u>-</u> 9	MEMBERS TO INTERACT WITH MEMBERS OF					
9	FOR OTHER ORGANIZATIONS AND/OR INDI					
9	THE ASSISTANCE PROVIDED BY THE BENEV					
10	NET PROCEEDS FROM THE SALE OF THE PIN		NEFIT THE			
10	CHARITABLE ORGANIZATION, MICHELLE O					
10	MAMMOGRAMS TO WOMEN IN NEED WHO W	· · · · · · · · · · · · · · · · · · ·		AFFORD		
10	THE EXAMS.					

orm 9	90-PF (· ,		_								Pa	ge 13
	t XVII	Exempt Organia	zations						nships With Non		le		
		ganization directly or in- than section 501(c)(3)								on 501		Yes	No
a Tr	ansfers i	from the reporting foun	dation to a n	oncha	ritable exe	empt organizatio	n of:						
(1) Cash.									. <u>1</u> a	(1)		No
(2) Other	rassets								. 12	(2)		No
b Ot	her tran	sactions:											
(1) Sales	of assets to a nonchari	itable exempt	t orga	nization.					. 1t	(1)		No
(2) Purch	nases of assets from a n	oncharitable	exem	ipt organiz	ation					(2)		No
-	-	al of facilities, equipmer	•							_	(3)		No
•	-	bursement arrangemen								_	(4)		No
-	-	s or loan guarantees.								_	(5)		No
-	-	mance of services or m	•		-						(6)		No
	-	facilities, equipment, newer to any of the above								· _	Lc		No
of	the goo any trar	ds, other assets, or sernsaction or sharing arra (b) Amount involved	vices given b ngement, sho	y the ow in	reporting f column (d	foundation. If the	e foundatione goods, o	on receive other asse	d less than fair mark	ket value ved.		naemen	nts
(4) 2		(2) / mount myorrou	(c) Hame of			npt organization	(4) 50	301111111111111111111111111111111111111	cranorers, cranoactions,	, and onamy	arra.	-gennen	
2a Is	the four	ndation directly or indire	l ectly affiliated	with	, or related	d to, one or more	e tax-exer	npt organ	izations				
de	scribed	in section 501(c) (other	r than section	501(c)(3)) or i	n section 527? .			🗆 Ye	es 🗹 N	0		
b If	"Yes," c	omplete the following so	chedule.										
		(a) Name of organization	on		(b) Type of organiza	tion		(c) Description	of relations	ip		
	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co										
Sigr Her		*****				2020-11-09	\	*****		May the I return with the p			
	 	Signature of officer or to	rustee			Date		Title		below (see instr) 🔽	Yes [□ _{No}
	· ·	Print/Type preparer's	name	Prep	arer's Sign	ature	Date	<u> </u>		PTIN			
									Check if self- employed ▶ ☑	P0	1379	991	
Paic	I	DONNA BLAES CPA	4						employed P 🛂				
Pre	arer Only		GAN JOINER	& CO	MPANY CP	A'S			I F	Firm's EIN		-13497	759
use	Unity		4 NW 3RD A	√ENUI	 E								
		00	CALA, FL 344	175					F	Phone no. (352) 732-0171			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation SCOTT CHAPPELL PRESIDENT 0 O 1.00 PO BOX 3563 OCALA, FL 34478 CHRIS E LEWIS VICE PRESIDENT 0 1.00 PO BOX 3563 OCALA. FL 34478

CHRIS M LEWIS	SECRETARY	0	0	0	
PO BOX 3563 OCALA, FL 34478	1.00				
BRIAN CASSIDY	TREASURER 1.00	0	0	0	
PO BOX 3563 OCALA, FL 34478					

PO BOX 3563 OCALA, FL 34478	1.00			
DANIEL GARCIA	BOARD OF DIRECTORS	0	0	0
PO BOX 3563 OCALA, FL 34478	1.00			
STEPHEN JOHNSON	BOARD OF DIRECTORS	0	0	0
PO BOX 3563 OCALA, FL 34478	1.00			
	I	1	I	

PO BOX 3563 OCALA, FL 34478	1.00			
STEPHEN JOHNSON	BOARD OF DIRECTORS	0	0	0
PO BOX 3563 OCALA, FL 34478	1.00			
MANUEL ARIAS	BOARD OF DIRECTORS	0	0	0
PO BOX 3563 OCALA, FL 34478	1.00			
JAMES CUSSINS	BOARD OF DIRECTORS	0	0	0

OCALA, IL 34478				
MANUEL ARIAS	BOARD OF DIRECTORS	0	0	0
PO BOX 3563 OCALA, FL 34478	1.00			
JAMES CUSSINS	BOARD OF DIRECTORS	0	0	0
PO BOX 3563 OCALA, FL 34478	1.00			

0

BOARD OF DIRECTORS

1.00

HARRISON SPRECHMAN

PO BOX 3563 OCALA, FL 34478

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution recipient any foundation manager Name and address (home or business) or substantial contributor a Paid during the year PC CHILDREN'S BURN CAMP OF NORTH TO AID IN THE MISSION OF 5,271 PROVIDING FOR CHILDREN WHO FLORIDA (CAMP AMIGO) PO BOX 368 ARE BURN VICTIMS AND HAVE TALLAHASSEE, FL 32302 BEEN SCARRED PHYSICALLY AND EMOTIONALLY A SUMMER CAMP WHERE THE CHILDREN CAN BOND WITH OTHERS IN THEIR SITUATION. NC. 320 NATIONAL FALLEN FIREFIGHTERS TO AID IN THE MISSION TO **FOUNDATION** HONOR AND REMEMBER AMERICA'S FALLEN FIRE PO DRAWER 498 EMMITSBURG, MD 21727 HEROES, PROVIDING RESOURCES TO ASSIST SURVIVORS AND WORKING TO REDUCE FIREFIGHTER DEATHS. MISCELLANEOUS CHARITABLE 12,029 MISCELLANEOUS CHARITABLE INDIVIDUAL PURCHASES OF FOOD AND PO BOX 3563 SUPPLIES FOR INDIVIDUALS OCALA, FL 34478 THAT WOULD OTHERWISE FACE HARDSHIP TO PROVIDE THESE NECESSITIES FOR THEMSELVES AND THEIR FAMILY, THIS AMOUNT CONSISTS OF MULTIPLE DONATIONS OF FOOD, CLOTHING, AND HYGENIC SUPPLIES AS WELL AS SUPPORT FOR PAYING UTILITY BILLS, MEDICAL BILLS, AND FUNERAL EXPENSES TO THOSE INDIVIDUALS THAT APPLIED FOR ASSISTANCE.

Total .

21,870

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SPECIAL OLYMPICS FLORIDA NC **GENERAL PURPOSE** 1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

GAINESVILLE, FL 32607			
TIGHTEN THE DRAG FOUNDATION 3959 VAN DYKE RD LUTZ, FL 33558	NC	PROVIDING SCHOLARSHIP ASSISTANCE FOR ACTIVITY BASED EXERCISE PROGRAMS FOR SPINAL CORD INJURY BELABILITATION AND	

11 NW 33RD CT

Total .

		BASED EXERCISE PROGRAI FOR SPINAL CORD INJURY REHABILITATION AND RECOVERY & CAREGIVER SUPPORT.
1100 N	PC	TO ASSIST WITH ORGANIZATION'S MISSION HELP THOSE WITH CYSTIC

▶ 3a

750

21,870

		REHABILITATION AND RECOVERY & CAREGIVER SUPPORT.	
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814		TO ASSIST WITH ORGANIZATION'S MISSION TO HELP THOSE WITH CYSTIC FIBROSIS LIVE LONGER, HEALTHIER LIVES.	2,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491317001320
Note: To capture the full content of this	document, please	select landscape mode (11" \times 8.5") when printing.	
TY 2019 Depreciation Scheduk	•		
Name:	PROFESSIONAL FI	IREFIGHTERS OF MARION	
	COUNTY BENEVOL	LENCE FUND INC	

EIN: 32-0285305

600

248 200DB

MICROSOFT SURFACE 3

COMPUTER

2015-08-24

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FISH SCALE	2015-08-11	1,732	716	200DB	5.000000000000	100	0	346	

5.000000000000

35

120

TY 2019 Land, Etc. Schedule		
Na	me:	PROFESSIONAL FIREFIGHTERS OF MARION
		COUNTY BENEVOLENCE FUND INC
1	EIN:	32-0285305

DLN: 93491317001320

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FISH SCALE	1,732	1,682	50	
MICROSOFT SURFACE 3 COMPUTER	600	583	17	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317001320
TY 2019 Other Assets Schedule	.	

Name: PROFESSIONAL FIREFIGHTERS OF MARION

COUNTY BENEVOLENCE FUND INC.

STRIPE TRANSFER RECEIVABLE

Other	Assets	Schedu

	 	020000
Other Assets Schedule		

Description

FTN: 32-0285305

End of Year - Book

14,390

Value

End of Year - Fair

Market Value

14,390

Beginning of Year -

Book Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491317001320		
TY 2019 Other Expenses Schedule						
Name:	PROFESSIONAL	FIREFIGHTERS (OF MARION			
	COUNTY BENEVOLENCE FUND INC					
EIN:	EIN: 32-0285305					
Other Expenses Schedule			,	4		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
POSTAGE	92	0	92	0		

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	92	0	92	0
SUPPLIES	583	0	583	0

656

61

45,749

656

61

45,749

MISCELLANEOUS

EVENT EXPENSES

LICENSE AND PERMITS

erile GRAPHIC P	FIRE - DO NOT PROC	ESS AS FIII	ed Data -	DLN: 9349131/001320

TY 2019 Other Income Schedule

Name: PROFESSIONAL FIREFIGHTERS OF MARION

COUNTY BENEVOLENCE FUND INC

EIN: 32-0285305

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
GOLF & FISHING TOURNAMENT	24,877		24,877			
FIREFIGHTERS BALL	6,347		6,347			
OTHER EVENTS	4,270		4,270			
MEMBERSHIP DUES AND ASSESSMENTS	12,133		12,133			

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491317001320		
Schedule B	Sched	dule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	PF) ► Attach to Form 990, 990-EZ, or 990-PF. The of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information.					
Name of the organization PROFESSIONAL FIREFIGHT				dentification number		
COUNTY BENEVOLENCE FU Organization type (chec			32-0285305			
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number)	organization				
	☐ 4947(a)(1) nonexempt ch	aritable trust not treated as a p	private foundation			
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private	foundation				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that cl one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co	necked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (8 tal contributions of more than \$1,0 ne prevention of cruelty to children	00 exclusively for religious, cha	aritable, scientific, literary,			
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (a contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,000 to the contributions to the con	s, charitable, etc., purposes, buns that were received during the General Rule applies to this o	it no such contributions tot ne year for an <i>exclusively</i> re rganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but i	that isn't covered by the General F must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	2, of its Form 990; or check th	e box on line H of its Form			
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2019)		

for Form 990, 990-EZ, or 990-PF.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)				Page 4
PROFESSIO	rganization ONAL FIREFIGHTERS OF MARION ENEVOLENCE FUND INC			Employer identification number 32-0285305	
Part III	Exclusively religious, charitable, etc., contribute than \$1,000 for the year from any one contribute organizations completing Part III, enter the total the year. (Enter this information once. See instruse duplicate copies of Part III if additional space is	or. Compl of e <i>xclus</i> uctions.)	lete columns (a) thre sively religious, cha	rough (e) and the following line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
		(0) Transfer of gift		
	Transferee's name, address, and ZIP 4			elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Re	elationship of transferor to transferee	<u> </u>
(a) No. from Part I	(b) Purpose of gift	- ((c) Use of gift	(d) Description of how gift is	held
		,) T		
	Transferee's name, address, and ZIP 4) Transfer of gift Re	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is	held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Re	elationship of transferor to transferee	<u></u>
		<u> </u>		Schedule B (Form 990, 990-EZ, or 990-PF)	(2019)