



# **CITY OF DORAL PARKS AND POLICE 4 KIDS FOUNDATION BOARD MEETING AGENDA**

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**Wednesday, August 30, 2017 at 6:00 p.m.**

Doral Government Center  
3<sup>rd</sup> Floor Training Room  
8401 NW 53<sup>rd</sup> Terrace  
Doral, FL 33166

**1. Call to Order / Roll Call of Foundation Members**

Director Elizabeth Canchola  
Director Fernando Horruitiner  
Director Edgar Martinez  
Director Alberto Ruiz  
Director Jodi Steinbauer

**2. Pledge of Allegiance**

**3. Approval of Minutes**

**A. July 19, 2017 Meeting Minutes**

**4. Public Comments**

**5. Presentation Items:**

**A. Presentation: Human Trafficking by The LOF Center (Director Ruiz)**

**B. Presentation: Drug Free World Foundation (Director Canchola) (Police Department)**

**6. Financial Items:**

**A. Bank Reconciliation for July 2017 (Exhibit A)**

**B. FY 2017 Filed Tax Forms (Exhibit B)**

**C. Approval of Invoice for Preparation of Federal Tax Return 990 (Exhibit C)**

**7. Discussion Items:**

**A. Discussion: Acceptance of the Miami Foundation Public Space Challenge Grant (Director Canchola)**

**B. Discussion: Doral Day with the Miami Heat (Director Steinbauer) (Exhibit D)**

**C. Discussion: PP4K Fundraising (Director Steinbauer)**

**D. Discussion: PP4K Programs for Miami-Dade County Public Schools Only (Director Ruiz)**

**E. Discussion: PP4K Promotional Items Distribution During Events (Director Canchola)**

**F. Recap: Back to School Event (Parks & Recreation Department) (Exhibit E)**

**8. New Business**

**9. Next Meeting Date:** Wednesday, September 20, 2017 at 6:30 p.m.

**10. Adjournment**

Anyone wishing to obtain a copy of an agenda item may contact the **City Clerk at 305-593-6725** or view the agenda packet on the City's website at or at City of Doral Government Center, 8401 NW 53<sup>rd</sup> Terrace, Doral, Florida 3366 during regular business hours (Monday – Friday, 8:00 A.M. – 4:30 P.M.). Pursuant to Florida Statute 286.0105, anyone wishing to appeal any decision made by the City Council with respect to any matter considered at this meeting or hearing shall need a record of the proceedings and, for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.



# CITY OF DORAL PARKS AND POLICE 4 KIDS FOUNDATION BOARD MEETING MINUTES

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**Wednesday, July 19, 2017 at 6:00 p.m.**

Doral Government Center  
3<sup>rd</sup> Floor Training Room  
8401 NW 53<sup>rd</sup> Terrace  
Doral, FL 33166

**1. Call to Order / Roll Call of Foundation Members**  
**Meeting was called to order at 6:14 p.m.**

Director Elizabeth Canchola	Present
Director Fernando Horruitiner	Present
Director Edgar Martinez	Present
Director Alberto Ruiz	Present
Director Jodi Steinbauer	Present

**Also present were:**

Haydee Sera, City Attorney's Office  
Erin Weislow, Parks & Recreation Department  
Jessica Escolona, Finance Department  
Noel Feliciano, Police Department  
Karina La Rosa, Office of the City Clerk

**2. Pledge of Allegiance**

**3. Approval of Minutes**

**A. June 21, 2017 Meeting Minutes**

**Motion to approve the minutes** made by Director Steinbauer and seconded by Director Canchola. Motion passes, Director Ruiz abstained from voting because he was not present during the June 21, 2017 meeting.

**4. Public Comments**

Belinda Leon addressed the Board Directors advising them she attended the meeting to see what the foundation was currently working on.

## 5. Financial Items:

### A. Bank Reconciliation for May 2017 and June 2017 (Exhibit A)

Jessica Escolona, Finance Department, provided the Board Directors for the bank reconciliations for the months of May and June 2017.

By consensus, the Board Directors requested a copy of the checks deposited into the PP4K account.

### B. Invoice for the My Miami Story Event – October 2016 (Exhibit B)

Jessica Escolona, Finance Department, informed the Board Directors of the outstanding invoice for the refreshments purchased for the “My Miami Story” event.

**Motion to approve payment in the amount of \$157.21 for the purchase of refreshments for the “My Miami Story” event hosted by the PP4K Foundation Board on October 18, 2016** made by Director Horruitiner and seconded by Director Ruiz. By consensus, motion passes unanimously.

## 6. Discussion Items:

### A. Update: Back to School Event (Parks & Recreation Department)

Erin Weislow, Parks & Recreation Department, provided the Board Directors with an update on the upcoming Back to School Night Event being held on Tuesday, August 1, 2017 at 5:00 p.m. in the Downtown Doral Park.

By consensus, the Board Directors elected to distribute the 300 water battles purchased during the Back to School Night Event.

By consensus, the Board Directors directed staff to have two art pieces displayed during the Back to School Night Event for a silent auction.

### B. Update: Summer Camp (Director Canchola, Director Horruitiner, & City Clerk’s Office) (Exhibit C)

Karina La Rosa, Office of the City Clerk, provided the Board Directors with an update on the communications received from John I. Smith Elementary regarding the attendance of students to the Summer Camp.

By consensus, the Board Directors will not sponsor the students to attend the summer camp this year due to the Summer Camp Coordinator’s failure to come to an agreement with the PP4K Foundation, despite the Board Directors’ best efforts.

### C. Discussion: Human Trafficking Conference (Director Canchola & Police Department)

Mr. Noel Feliciano, Police Department, addressed the Board Directors advising of the importance of the conference due to the change in time and the characteristics of human traffickers.

Director Canchola advised the Board Directors that is prudent that the Board hold a conference to educate our community on the topic of Human Trafficking.

**Motion to direct staff to obtain more information on the Human Traffic Conference and come back to the Board with a plan of action** made by Director Martinez and seconded by Director Ruiz. By consensus, motion passes unanimously.

**D. Discussion: After School Program RMCS – Final Figures (Director Canchola) (Exhibit D)**

Director Canchola provided the Board directors with the final figures that were allocated towards the RMCS After School Program.

**7. New Business**

Fundraising Report (Director Canchola) – Director Canchola provided the Board Directors with an update on the fundraising efforts thus far.

Erin Weislow, Parks & Recreation, invited the Board Directors to attend the grand opening of the Doral Legacy Park on Saturday, August 12, 2017 at 11am.

By consensus, the Board Directors agreed to have a table at the Doral Legacy Park Grand Opening.

**8. Next Meeting Date:** Wednesday, August 16, 2017 at 6:00 p.m.

**9. Adjournment Meeting adjourns at 7:25 p.m.**

Respectfully submitted,

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Connie Diaz, CMC  
City Clerk

Motion to approve the minutes of the July 19, 2017 Parks and Police 4 Kids Meeting made by Director \_\_\_\_\_ and seconded by Director \_\_\_\_\_.

Director Elizabeth Canchola  
Director Fernando Horruitiner  
Director Jodi Steinbauer  
Director Edgar Martinez  
Director Alberto Ruiz

APPROVED and ADOPTED this 30 day of August 2017.

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Elizabeth Canchola, CHAIR

Parks & Police 4 Kids  
**BANK RECONCILIATION FORM**  
 For the Month of : July 2017

BANK: WELLS FARGO

<b>Beginning Balance</b>	<b>173,670.21</b>	<b>Balance per Bank</b> ✓	<b>176,688.80</b>
<b>Deposits/Credits:</b>		<b>Deposits in Transit:</b>	
Deposit	1,729.25		
	250.00		
	500.00		
	500.00		
<b>Bank Fee Credit</b>	70.52		
Void Checks			
<b>Total</b>	<b>176,719.98</b>	<b>Total</b>	<b>176,688.80</b>
<b>Checks/Debits:</b>		<b>Outstanding Checks:</b>	
Checks # 1200- 1202	8,091.46		8,091.46
DEBITS July Bank Fee	31.18		
Bank Adj			
<b>Ending Balance</b>	<b>168,597.34</b>	<b>Ending Balance</b>	<b>168,597.34</b>

*MSM  
8/10/17*

*[Signature] 8/10/2017*

Exhibit A  
**Business Cash Manager**

Account number:

■ July 1, 2017 - July 31, 2017 ■ Page 1 of 2



PARKS & POLICE 4 KIDS  
ATTN: ELIZA RASSI  
8401 NW 53RD TER  
DORAL FL 33166-4517

**Questions?**

Call your Customer Service Officer or Client Services  
**1-800-AT WELLS** (1-800-289-3557)  
5:00 AM TO 6:00 PM Pacific Time Monday - Friday

Online: [wellsfargo.com](http://wellsfargo.com)

Write: Wells Fargo Bank, N.A. (182)  
PO Box 63020  
San Francisco, CA 94163

**Account summary**

**Business Cash Manager**

Account number	Beginning balance	Total credits	Total debits	Ending balance
██████████	\$173,670.21	\$3,130.40	-\$111.81	\$176,688.80

**Credits**

**Electronic deposits/bank credits**

Effective date	Posted date	Amount	Transaction detail
	07/10	1,729.25	Over The Counter Deposit
	07/10	250.00	Over The Counter Deposit
	07/19	50.11	Client Analysis Srvc Chrg 170718 Rev Chge 0317 ██████████
	07/19	46.18	Client Analysis Srvc Chrg 170718 Rev Chge 0617 ██████████
	07/19	44.34	Client Analysis Srvc Chrg 170718 Rev Chge 0517 ██████████
	07/19	10.52	Client Analysis Srvc Chrg 170718 Rev Chge 0417 ██████████
	07/24	500.00	Over The Counter Deposit
	07/24	500.00	Over The Counter Deposit
		<b>\$3,130.40</b>	<b>Total electronic deposits/bank credits</b>
		<b>\$3,130.40</b>	<b>Total credits</b>

**Debits**

**Electronic debits/bank debits**

Effective date	Posted date	Amount	Transaction detail
	07/11	46.18	Client Analysis Srvc Chrg 170710 Svc Chge 0617 ██████████
	07/19	31.18	Client Analysis Srvc Chrg 170718 Svc Chge 0617 ██████████
	07/19	29.34	Client Analysis Srvc Chrg 170718 Svc Chge 0517 ██████████
	07/19	5.11	Client Analysis Srvc Chrg 170718 Svc Chge 0317 ██████████
		<b>\$111.81</b>	<b>Total electronic debits/bank debits</b>
		<b>\$111.81</b>	<b>Total debits</b>



**Monthly ledger balance summary**

<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>
06/30	173,670.21	07/11	175,603.28	07/24	176,688.80
07/10	175,649.46	07/19	175,688.80		
<b>Average daily ledger balance</b>		<b>\$175,337.48</b>			

NOTICE: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery PO Box 5058 Portland, OR. 97208-5058. You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

*Federal Tax Return*

Form 990

*Parks & Police 4 Kids, Inc.*

***Fiscal Year Ending September 30, 2016***

SAUGAR, P.A.

*Certified Public Accountant*

1609 S.W. 57th Avenue

Miami, FL 33155

Telephone Number: (305) 266-3008

Facsimile Number: (305) 266-1008

Exhibit B

*SAUGAR, P.A.*

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"Certified Public Accountant"

1609 S.W. 57th Avenue  
Miami, Florida 33155-2134

Telephone Number: (305) 266-3008  
Facsimile Number: (305) 266-1008

August 14, 2017

Parks & Police 4 Kids, Inc.  
8401 N.W. 53rd Terrace  
Doral, FL 33166

Dear Client,

I have prepared the 2016 Form 990 for Parks & Police 4 Kids, Inc. based on the information you provided. The return has been successfully e-filed and a copy is enclosed for Parks & Police 4 Kids, Inc.'s records.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about Parks & Police 4 Kids, Inc.'s tax situation during the year, please do not hesitate to call me at (305) 266-3008. I appreciate this opportunity to serve you.

Sincerely,

*SAUGAR, P.A.*

**Privacy Notice**

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Department of the Treasury Internal Revenue Service

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time.

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

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

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

Enter filer's identifying number, see instructions

Form section with fields for Name of exempt organization (Parks & Police 4 Kids, Inc.), Employer identification number (EIN) (06-1805457), and address (8401 N.W. 53rd Terrace, Doral, FL 33166).

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990-EZ, Form 990-BL, Form 4720, Form 990-PF, Form 990-T, and Form 8870.

The books are in the care of Matilde Menendez, CPA

Telephone No. (305) 593-6725 Fax No.

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2017, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 or
[X] tax year beginning Oct 1, 2015, and ending Sep 30, 2016.

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

Table with 3 columns: Description, 3a, 3b, 3c. Rows include tentative tax, refundable credits, and balance due.

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

Exhibit B

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).** Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Parks &amp; Police 4 Kids, Inc.</b>	Employer identification number (EIN) or <b>06-1805457</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>8401 N.W. 53rd Terrace</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Doral FL 33166</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  **01**

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  Matilde Menendez, CPA  
Telephone No.  (305) 593-6725 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until Aug 15, 20 17.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning Oct 1, 20 15, and ending Sep 30, 20 16.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension . . . Waiting for third parties information to properly complete the return.

<b>8 a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8 a</b>	\$ 0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8 b</b>	\$ 0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8 c</b>	\$ 0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  CPA Date  04/17/17

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning Oct 1, 2015, and ending Sep 30, 202016

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

Parks & Police 4 Kids, Inc.

06-1805457

Name and title of officer

Elizabeth Canchola

Chairperson/Director

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1 a</b> Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> <u>123,490.</u>
<b>2 a</b> Form 990-EZ check here . . . ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a</b> Form 1120-POL check here . . . ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a</b> Form 990-PF check here . . . ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a</b> Form 8868 check here . . . ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	<b>5 b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize SAUGAR, PA to enter my PIN 05457 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 07/25/2017

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 65434412192  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ SAUGAR, PA Date ▶ 07/25/2017

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** Oct 1, 2015, **and ending** Sep 30, 2016

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>Parks &amp; Police 4 Kids, Inc.</b>	<b>D</b> Employer identification number 06-1805457
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number (305) 593-6725
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	8401 N.W. 53rd Terrace	<b>G</b> Gross receipts \$ 123,490.
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	Doral FL 33166	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: Elizabeth Canchola 8401 NW 53rd Terrace Doral FL 33166	
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	www.cityofdoral.com	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 2006 <b>M</b> State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The organization focus its effort on funding programs that help keep kids off the street by providing a supervised and safe environment through after-school programs. These programs help lower the drop-out rate of students.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	8
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	103,441.	111,625.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,209.	11,865.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,650.	123,490.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶		0.
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	80,729.	49,470.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,729.	49,470.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	38,921.	74,020.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	131,939.	211,531.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,998.	7,570.
			129,941.	203,961.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date	07/25/17
	Elizabeth Canchola	Chairperson/Director	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	China A Saugar CPA CIA	China A Saugar CPA CIA	07/26/17
	Firm's name	Firm's EIN ▶	
	SAUGAR PA	65-0325228	
Firm's address	Phone no.		
1609 S.W. 57th Ave	(305) 266-3008		
Miami	FL 33155		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Exhibit B

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 organization focus its effort on funding programs that help keep kids off the street by providing a supervised and safe environment
See Form 990, Page 2, Part III, Line 1 (continued)

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 \$ 4,949. including grants of \$ 0.) (Revenue \$ 0.)

Provide events and activities that help lower the dro-out rate of student at risk and promote a positive attitude. These programs incorporate games, music, and organized sports that help keep kids off the street by providing a supervised and safe environment.

4b (Code: ) (Expenses \$ 28,488. including grants of \$ 0.) (Revenue \$ 0.)

Back to school suplies and events. Assits the children of lower-income families with the required school supplies for the new school year. Provide various children's back to school activities/events in a safe and supervise environment.

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 33,437.

Exhibit B

**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)? <i>If 'Yes,' complete Schedule A.</i> . . . . .	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i> . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i> . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> . . . . .		X
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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule D, Part VII.</i> . . . . .		X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i> . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> . . . . .		X
f 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)? <i>If 'Yes,' complete Schedule D, Part X.</i> . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i> . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> . . . . .		X
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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> . . . . .		X

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Exhibit B

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> . . . . .		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> . . . . .		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III</i> . . . . .		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J</i> . . . . .		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> . . . . .		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I</i> . . . . .		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II</i> . . . . .		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> 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, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

BAA

Form 990 (2015)

Exhibit B

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1 a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1 b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1 c	
2 a	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 . . . . .	2 a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2 b	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3 a	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .	3 b	
4 a	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)? . . . . .	4 a	X
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 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5 a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5 b	X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5 c	
6 a	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? . . . . .	6 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6 b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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? . . . . .	7 a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	7 b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7 c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .	7 d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7 e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7 f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7 g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7 h	
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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9 a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9 b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	10 a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10 b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders. . . . .	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11 b	
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12 a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .	12 b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13 a	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13 b	
c	Enter the amount of reserves on hand . . . . .	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14 a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .	14 b	

Exhibit B

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 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. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Matilde Menendez, CPA 8401 NW 53rd Terr Doral FL 33166 (305) 593-6725

Exhibit B

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Elizabeth Conchola Chairperson/Director	1.50	X					0.	0.	0.	
(2) Fernando Horruitiner Treasurer/Director	1.50	X					0.	0.	0.	
(3) Frank Silva Director	1.50	X					0.	0.	0.	
(4) Jodi Steinbauer Director	1.50	X					0.	0.	0.	
(5) Gerardo Vera Vice Chair/Director	1.50	X					0.	0.	0.	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Exhibit B

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> . . . . .						0 .	0 .	0 .	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						0 .	0 .	0 .	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶									

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	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Exhibit B

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b> 7,766.				
	<b>d</b> Related organizations . . . . .	<b>1 d</b> 19,870.				
	<b>e</b> Government grants (contributions) . .	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . .	<b>1 f</b> 83,989.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	19,815.				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		111,625.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6 a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss) . .				
		<b>d</b> Net rental income or (loss) . . . . . ▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses . . .				
		<b>c</b> Gain or (loss) . . . . .				
		<b>d</b> Net gain or (loss) . . . . . ▶				
	<b>8 a</b> Gross income from fundraising events (not including . . \$ 7,766 . of contributions reported on line 1c). See Part IV, line 18. . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>				
<b>b</b> Less: direct expenses . . . . .		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> Administrative and support svcs-In-Kind	561000	11,865.	11,865.	0.	0.	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		11,865.				
<b>12 Total revenue.</b> See instructions . . . . . ▶		123,490.	11,865.	0.	0.	

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Exhibit B

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
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 Other salaries and wages . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	2,344.	0.	2,344.	0.
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,149.	2,149.	0.	0.
12 Advertising and promotion . . . . .	2,149.	2,149.	0.	0.
13 Office expenses . . . . .	824.	0.	824.	0.
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .	1,000.	0.	1,000.	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 <u>After-School care program</u> . . . . .	2,800.	2,800.	0.	0.
b <u>Back to school event</u> . . . . .	28,488.	28,488.	0.	0.
c <u>Admin services In-Kind</u> . . . . .	11,865.	0.	11,865.	0.
d . . . . .				
e All other expenses . . . . .				
25 <b>Total functional expenses.</b> Add lines 1 through 24e. . . . .	49,470.	33,437.	16,033.	0.
26 <b>Joint costs.</b> 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). . . . .				

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Exhibit B

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash — non-interest-bearing . . . . .	127,065.	1	199,146.
	2	Savings and temporary cash investments . . . . .		2	
	3	Pledges and grants receivable, net . . . . .	4,874.	3	6,635.
	4	Accounts receivable, net . . . . .		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	5,750.
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .		10a	
	b	Less: accumulated depreciation . . . . .		10b	10c
	11	Investments — publicly traded securities . . . . .		11	
	12	Investments — other securities. See Part IV, line 11 . . . . .		12	
	13	Investments — program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	131,939.	16	211,531.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	1,998.	17	1,820.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	5,750.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	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 . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,998.	26	7,570.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	129,941.	27	203,961.
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33	<b>Total net assets or fund balances</b> . . . . .	129,941.	33	203,961.
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .	131,939.	34	211,531.

BAA

Form 990 (2015)

Exhibit B

**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	123,490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,470.
3	Revenue less expenses. Subtract line 2 from line 1	3	74,020.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129,941.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	203,961.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant? . . . . .		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
3 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 . . . . .		

BAA

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>Parks &amp; Police 4 Kids, Inc.</b>	Employer identification number <b>06-1805457</b>
--	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

Exhibit B

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .	99,020.	62,959.	5,462.	100,903.	111,625.	379,969.
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. . . . .				16,209.	11,865.	28,074.
4 <b>Total.</b> Add lines 1 through 3 . . . . .	99,020.	62,959.	5,462.	117,112.	123,490.	408,043.
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						408,043.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .	99,020.	62,959.	5,462.	117,112.	123,490.	408,043.
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 <b>Total support.</b> Add lines 7 through 10 . . . . .						408,043.
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100.00 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	15	100.00 %
16a <b>33-1/3% support test – 2015.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test – 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

Exhibit B

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Parks & Police 4 Kids, Inc.

Employer identification number

06-1805457

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

**Exhibit B**

Name of organization Parks & Police 4 Kids, Inc.	Employer identification number 06-1805457
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Doral 8401 NW 53rd Street Doral FL 33166	\$ 31,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	PGA Tour, Inc. 100 PGA Tour Blvd Ponte Vedra Beach FL 32082	\$ 62,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Exhibit B

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Parks & Police 4 Kids, Inc.

Employer identification number

06-1805457

Pt VI, Line 11b

A draft copy of the completed Form 990 and all the required attachments  
(i.e. schedules and forms) is provided to the Finance Director for  
review. Once it is reviewed it is provided to the board of directors  
for approval. Once it is approved it is filed with the Service

Pt VI, Line 12c

All appointed board members attend annually a City of Doral training  
given by the City Clerk's Office and the legal counsel. The Conflict of  
Interest Policy is cover during this annual training.

Other

All appointed board members attend annually a City of Doral training  
given by the City Clerk's Office and the legal counsel. All meeting and  
reports regarding PP4K are made available at the City of Doral website  
under City Clerk at  
[www.CityofDoral.com/government/city-clerk/parks-and-police-4kids\](http://www.CityofDoral.com/government/city-clerk/parks-and-police-4kids)

**Taxpayer Copy**

Exhibit C  
**SAUGAR, P.A.**

**Invoice**

=====  
 "Certified Public Accountant"

**Invoice Number:**  
 2170802

1609 S.W. 57th Avenue  
 Miami, Florida 33155-2134

Telephone Number: (305) 266-3008  
 Facsimile Number: (305) 266-1008

**Invoice Date:**  
 August 16, 2017

Client:

*Parks & Police 4 Kids, Inc.  
 8401 N.W. 53rd Terrace  
 Attn: Finance Department  
 Doral, FL 33166*

<b>Customer ID:</b>	<b>PAYMENT TERMS</b>
<i>parks&amp;police</i>	<i>Due upon receipt</i>

<b>DESCRIPTION</b>	<b>Amount</b>
Preparation of the Federal Tax Return 990 and the Compilation Report for the fiscal year ending September 30, 2016 (Bal per engagement letter)	1,050.00
E-filing fees	20.00
Priority Mail-Signature confirmation - first extension	9.10
Priority Mail-Signature confirmation - second extension	9.10

	Subtotal	1,088.20
	Total Invoice Amount	1,088.20
Check No:	Payment Received	0.00
	<b>TOTAL</b>	<u>1,088.20</u>

*"It was a pleasure serving you.....We appreciate your business"*

**Karina La Rosa (CC)**

---

**From:** Jodi Steinbauer <jodisteinbauer@gmail.com>  
**Sent:** Tuesday, August 29, 2017 10:55 AM  
**To:** Karina La Rosa (CC); Connie Diaz (CC); Erin Weislow (PR)  
**Subject:** Fwd: Miami HEAT

Hi All,

At the Park opening I met John Reguera from the Heat. He saw we were doing the Doral Day at the Marlin's Park, and he said the Heat could do the same type of fundraiser with a link for people to buy tickets with the PP4k Logo on the link. He has sent some dates and prices, we add on to the price our portion. I will like to discuss this at tomorrow's meeting, therefore will you please send this information to the other board members.

Thank you,

Jodi

----- Forwarded message -----

**From:** John Reguera <JReguera@[heat.com](mailto:heat.com)>  
**Date:** Tue, Aug 29, 2017 at 10:39 AM  
**Subject:** Miami HEAT  
**To:** Jodi steinbauer <jodisteinbauer@[gmail.com](mailto:gmail.com)>

Hi Jodi,

Below are the first handful of games we have in October and November with our discounted pricing. After the dates is a sample link to what the promotional page will look like. We will add a benefit that anyone who purchases will get the VIP Early Entry program where they can enter the arena 30 mins before the general public and watch the players warm up. \*The price listed is the base discounted price, if you would like to add a fundraiser we can add it to the price below.

Saturday, October 21<sup>st</sup> vs. Indiana (Opening Night) – 8pm – 400 level discounted price at \$23

Monday, October 21<sup>st</sup> vs. Atlanta – 730pm – 400 level discounted price at \$20

Wednesday, October 25<sup>th</sup> vs. San Antonio – 8pm – 400 level discounted price at \$23

Saturday, October 28<sup>th</sup> vs. Boston – 8pm – 400 level discounted price at \$29

Monday, October 30<sup>th</sup> vs. Minnesota – 730pm – 400 level discounted price at \$20

Wednesday, November 1<sup>st</sup> vs. Chicago – 730pm – 400 level discounted price at \$20

Wednesday, November 15<sup>th</sup> vs. Washington – 730pm – 400 level discounted price at \$20

## Exhibit D

<http://gohe.at/RegueraFEVO>

Password: reguera

Please advise your thoughts and feedback.

- John

[786-777-4296](tel:786-777-4296)

**John Reguera**  
Account Manager, Group Sales  
Sales

---

[JReguera@heat.com](mailto:JReguera@heat.com)

[www.HEAT.com](http://www.HEAT.com)

[www.aaarena.com](http://www.aaarena.com)

T:



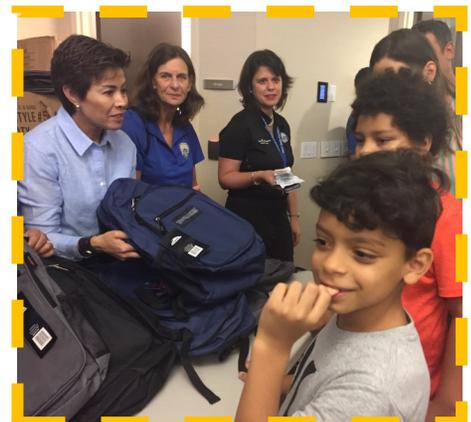
**The HEAT Group**  
AmericanAirlines Arena  
601 Biscayne Blvd.  
Miami, FL 33132

This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission. If verification is required please request a hard-copy version!

Exhibit E



August 1, 2017





Thank you to our event sponsors!

Please visit them at our

# NATIONAL NIGHT OUT AND BACK TO SCHOOL NIGHT EVENT

on August 1st from 5:00pm to 8:00pm at Downtown Doral Park



CANARIAS AT DOWNTOWN DORAL



Divine Savior Academy



Exhibit E

2017 PP4K Back to School Night & National Night Out Event			
Tuesday, August 1st 5-8pm			
Budget Overview			
APPROVED EVENT BUDGET		\$	9,000.00
TOTAL CASH REVENUE	\$	1,500.00	Total Revenue \$ 1,500.00
TOTAL OPERATING BUDGET	\$	7,934.25	
TOTAL Cost Recovery %		18.91%	Estimated Attendance 2,000

REVENUE			
Description	Fee	Quantity	TOTAL
Cash Revenue			
CC Homes	Cash	1	\$ 500.00
Divine Savior	Cash		\$ 500.00
Got Karts	Cash	1	\$ 500.00
TOTAL CASH REVENUE:			\$ 1,500.00
REVENUE TOTAL			\$ 1,500.00

EVENT EXPENSES			
<i>Note: represents Back to School portion of event- does not include Police Department expenses</i>			
Account Number	Vendor	Description	Amount
001.115000	Minuteman of Miami	Flyer Printing (2,500)	\$ 247.25
	Valsan of Miami, Inc	750 Back packs with School Supplies	\$ 7,687.00
EVENT EXPENSES TOTAL			\$ 7,934.25
<i>*This report does not include staff cost</i>			
<b>Additional Costs</b>			
Parks & Recreation	Walmart - Waters		\$ 238.80

*\*Note: This event was held in partnership with National Night Out Event held by the Police Department. The list of in-kind sponsorships received is attached in a separate document.*