

Form **990-PF**

OMB No 1545-0052

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

Open to Public Inspection

For calendar year 2015, or tax year beginning , 2015, and ending

PHOENIX FOUNDATION OF CENTRAL  
FLORIDA, INC.  
PO BOX 541868  
MERRITT ISLAND, FL 32954-1868

**A** Employer identification number  
45-5052678

**B** Telephone number (see instructions)  
(321) 720-7323

**C** If exemption application is pending, check here

**D** 1 Foreign organizations, check here   
2 Foreign organizations meeting the 85% test, check here and attach computation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**G** Check all that apply  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

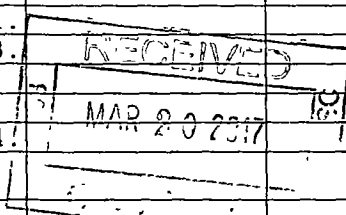
**H** Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
▶ \$ 153,161.

**J** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (attach schedule)	160,000.			
	2 Ck <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	67.	67.	67.	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total Add lines 1 through 11	160,067.	67.	67.		
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	36,000.		36,000.	36,000.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) See St 1	531.		531.	531.
	b Accounting fees (attach sch) See St 2	1,563.		1,563.	1,563.
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instrs) See Stm 3	2,754.		2,754.	2,754.
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	3,480.		3,480.	3,480.
	22 Printing and publications	1,140.		1,140.	1,140.
	23 Other expenses (attach schedule) See Statement 4	5,080.	67.	5,013.	5,013.
	24 Total operating and administrative expenses. Add lines 13 through 23	50,548.	67.	50,481.	50,481.
	25 Contributions, gifts, grants paid Stmt 5	132,000.			132,000.
26 Total expenses and disbursements. Add lines 24 and 25	182,548.	67.	50,481.	182,481.	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-22,481.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			0.		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash – non-interest-bearing	60,538.	32,990.	32,990.
	2 Savings and temporary cash investments	115,104.	120,171.	120,171.
	3 Accounts receivable			
	Less allowance for doubtful accounts			
	4 Pledges receivable			
	Less allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U S and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis			
Less accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment basis				
Less accumulated depreciation (attach schedule)				
15 Other assets (describe )				
16 Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	175,642.	153,161.	153,161.	
LIABILITIES	17 Accounts payable and accrued expenses	2,340.	2,340.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe )			
	23 Total liabilities (add lines 17 through 22)	2,340.	2,340.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	173,302.	150,821.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	173,302.	150,821.		
31 Total liabilities and net assets/fund balances (see instructions)	175,642.	153,161.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	173,302.
2 Enter amount from Part I, line 27a	2	-22,481.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	150,821.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	150,821.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)

(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7 **2**

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8. } **3**

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			

2 Total of line 1, column (d) **2**

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years **3**

4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 **4**

5 Multiply line 4 by line 3 **5**

6 Enter 1% of net investment income (1% of Part I, line 27b) **6**

7 Add lines 5 and 6 **7**

8 Enter qualifying distributions from Part XII, line 4 **8**

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

1 a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments		
a	2015 estimated tax pmts and 2014 overpayment credited to 2015	6 a	
b	Exempt foreign organizations – tax withheld at source	6 b	
c	Tax paid with application for extension of time to file (Form 8868)	6 c	
d	Backup withholding erroneously withheld	6 d	
7	Total credits and payments Add lines 6a through 6d	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	0.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be <b>Credited to 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a		X
1 b		X
1 c		X
2		X
3		X
4 a		X
4 b		N/A
5		X
6	X	
7	X	
8 a		
8 b	X	
9		X
10	X	

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.PHOENIXFOUNDATIONCFL.ORG</u>	13	X	
14	The books are in care of <u>CARLA SMITH</u> Telephone no <u>(321) 720-7323</u> Located at <u>PO BOX 541868 MERRITT ISLAND FL</u> ZIP + 4 <u>32954-1868</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		N/A	<input type="checkbox"/>
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country	16		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1 a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)	3 b	N/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4 b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5 a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No

Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d) N/A

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If 'Yes' to 6b, file Form 8870. 6b X

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No N/A 7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PATRICK A. TUBBS 6857 THORNHILL CIRCLE WINDERMERE, FL 34786	P/T/S CEO 0	0.	0.	0.
CARLA SMITH 2090 S TROPICAL TRAIL MERRITT ISLAND, FL 32952	CFO 40.00	36,000.	0.	0.
LAWRENCE BLUNK PO BOX 541868 MERRITT ISLAND, FL 32954	COO 0	0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter 'NONE.'**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

(a) Name and address of each person paid more than \$50,000	(b) 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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.

BAA

**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a	Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	
c	Fair market value of all other assets (see instructions)	1 c	
d	<b>Total</b> (add lines 1a, b, and c)	1 d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	0.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5	2 a	
b	Income tax for 2015 (This does not include the tax from Part VI)	2 b	
c	Add lines 2a and 2b	2 c	
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	
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	182,481.
b	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	182,481.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	182,481.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ <u>182,481.</u>				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	182,481.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	182,481.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				0.
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)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	182,481.			
10 Analysis of line 9.				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015	182,481.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1** a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2) )

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
<b>Total</b>				▶ <b>3 a</b>
<i>b Approved for future payment</i>				
<b>Total</b>				▶ <b>3 b</b>

Part XVI-A Analysis of Income-Producing Activities

Table with columns: Enter gross amounts unless otherwise indicated, Unrelated business income (a) Business code, (b) Amount, Excluded by section 512, 513, or 514 (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), g Fees and contracts from government agencies, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (67.), 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a Debt-financed property, b Not debt-financed property), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal Add columns (b), (d), and (e) (67.), 13 Total. Add line 12, columns (b), (d), and (e) (13 67.).

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions). Row 1: N/A

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
(2) Other assets

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with 3 columns: Question, Yes, No. Rows include 1 a (1), 1 a (2), 1 b (1), 1 b (2), 1 b (3), 1 b (4), 1 b (5), 1 b (6), 1 c.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2 a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X)

b If 'Yes,' complete the following schedule

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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 taxpayer) is based on all information furnished to him.

Sign Here

Signature of officer or trustee

13-14-14 Date

Paid Preparer Use Only

Print/Type preparer's name: Michael D. Cameron
Preparer's signature: Michael D. Cameron
Firm's name: Michael D Cameron, CPA
Firm's address: 96 WILLARD ST COCOA, FL 32922

BAA

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization **PHOENIX FOUNDATION OF CENTRAL  
FLORIDA, INC.**

Employer identification number  
**45-5052678**

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

Form 990-PF

**Section:**

- 501(c)( ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization  
 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**

- 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)**

Name of organization

PHOENIX FOUNDATION OF CENTRAL

Employer identification number

45-5052678

**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	PARTICK A. TUBBS 6857 THORNHILL CIRCLE WINDERMERE, FL 34786	\$ 160,000.	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 )
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization

Employer identification number

PHOENIX FOUNDATION OF CENTRAL

45-5052678

**Part II** Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A ----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----



Name of organization

PHOENIX FOUNDATION OF CENTRAL

Employer identification number

45-5052678

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Statement 1**  
**Form 990-PF, Part I, Line 16a**  
**Legal Fees**

	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL FEES	\$ 531.		\$ 531.	\$ 531.
Total	<u>\$ 531.</u>	<u>\$ 0.</u>	<u>\$ 531.</u>	<u>\$ 531.</u>

**Statement 2**  
**Form 990-PF, Part I, Line 16b**  
**Accounting Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING FEES	\$ 1,563.		\$ 1,563.	\$ 1,563.
Total	<u>\$ 1,563.</u>	<u>\$ 0.</u>	<u>\$ 1,563.</u>	<u>\$ 1,563.</u>

**Statement 3**  
**Form 990-PF, Part I, Line 18**  
**Taxes**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
PAYROLL TAXES	\$ 2,754.		\$ 2,754.	\$ 2,754.
Total	<u>\$ 2,754.</u>	<u>\$ 0.</u>	<u>\$ 2,754.</u>	<u>\$ 2,754.</u>

**Statement 4**  
**Form 990-PF, Part I, Line 23**  
**Other Expenses**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
AUTOMOBILE EXPENSE	\$ 39.		\$ 39.	\$ 39.
BANK CHARGES	78.	\$ 67.	11.	11.
COMPUTER AND INTERNET EXPENSE.	2,434.		2,434.	2,434.
OFFICE EXPENSE & SUPPLIES	543.		543.	543.
POSTAGE	220.		220.	220.
TELEPHONE	1,766.		1,766.	1,766.
Total	<u>\$ 5,080.</u>	<u>\$ 67.</u>	<u>\$ 5,013.</u>	<u>\$ 5,013.</u>

**Statement 5**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Cash Grants and Allocations

Donee's Name:	STETSON UNIVRSITY	
Donee's Address:	421 N WOODLAND BLVD DELAND FL 32723	
Amount Given:		\$ 3,500.
Donee's Name:	EASTMAN SCHOOL OF MUSIC	
Donee's Address:	26 GIBBS STREET RODCHESTER NY 14604	
Amount Given:		9,000.
Donee's Name:	FLORIDA STATE UNIVERSITY	
Donee's Address:	282 CHAMPIONS WAY TALLAHASSEE FL 32306	
Amount Given:		16,000.
Donee's Name:	UNIVERSITY OF FLORIDA	
Donee's Address:	PO BOX 114025 GAINESVILLE FL 32822	
Amount Given:		19,000.
Donee's Name:	INDIANA UNIVERSITY	
Donee's Address:	400 EAST 7TH STREET BLOOMINGTON IN 47405	
Amount Given:		10,750.
Donee's Name:	UNIVERSITY OF MIAMI	
Donee's Address:	PO BOX 248187 CORAL GABLES FL 33124	
Amount Given:		7,500.
Donee's Name:	MANNES COLLEGE, THE NEW SCHOOL	
Donee's Address:	72 5TH AVE NEW YORK NY 10011	
Amount Given:		9,250.
Donee's Name:	UNIVERSITY OF SOUTH FLORIDA	
Donee's Address:	PO BOX 864571 ORLANDO FL 32886	
Amount Given:		12,000.
Donee's Name:	FLORIDA GULF COAST	
Donee's Address:	10501 FGCU BLVD SOUTH FORT MYERS FL 33965	
Amount Given:		1,000.
Donee's Name:	UNIVERSITY OF CENTRAL FLORIDA	
Donee's Address:	4000 CENTRAL FLORIDA BLVD ORLANDO FL 32816	
Amount Given:		24,500.
Donee's Name:	UNIVERSITY OF CALIFORNIA SANTA BARBARA	
Donee's Address:	2101 SAASB SANTA BARBARA CA 93106	
Amount Given:		2,500.

**Statement 5 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Donee's Name:	PRINCETON UNIVERSITY	
Donee's Address:	PO BOX 591	
	PRINCETON NJ 08542	
Amount Given:		\$ 4,000.
Donee's Name:	THE ROYAL CONSERVATOIRE OF SCOTLAND	
Donee's Address:	100 RENFREW STREET	
	GLASGOW UK G23DB	
Amount Given:		1,000.
Donee's Name:	MOOREHEAD STATE UNIVERSITY	
Donee's Address:	100 ADMISSIONS CENTER	
	MOOREHEAD KY 40351	
Amount Given:		1,000.
Donee's Name:	COASTAL CAROLINA UNIVERSITY	
Donee's Address:	PO BOX 261954	
	CONWAY SC 29528	
Amount Given:		3,000.
Donee's Name:	FLORIDA SOUTHERN UNIVESITY	
Donee's Address:	111 LAKE HOLLINGSWORTH DR	
	LAKELAND FL 33801	
Amount Given:		5,000.
Donee's Name:	COLUMBIA COLLEGE CHICAGO	
Donee's Address:	600 S MICHEGAN AVE	
	CHICAGO IL 60625	
Amount Given:		500.
Donee's Name:	DAYTONA STATE COLLEGE	
Donee's Address:	1200 W INTERNATIONAL SPEEDWAY BLVD	
	DAYTONA BEACH FL 32114	
Amount Given:		1,000.
Donee's Name:	VANDERBILT UNIVERSITY	
Donee's Address:	110 21ST AVANUE SOUTH SUITE 110	
	NASHVILLE TN 37240	
Amount Given:		1,500.
		Total \$ <u>132,000.</u>

**Statement 6**  
**Form 990-PF, Part VII-A, Line 10**  
**Substantial Contributors During the Tax Year**

Name of Substantial Contributor	Address of Substantial Contributor
PATRICK A. TUBBS	6857 THORNHILL CIRCLE WINDERMERE, FL 34786



*The mission of the Phoenix Foundation of Central Florida is to afford young people the opportunity to recreate themselves while pursuing their educational goals in a four-year post secondary institution. As education is the key to changing society, the Phoenix Foundation supports them in this endeavor.*

[Home](#)
[About the Foundation](#)
[Scholarsh.ps](#)
[Recipients](#)
[Contact Us](#)


## Phoenix Flame

Facing the death of someone close to you is a daunting and, often times, insurmountable experience. The death of a parent may magnify the experience many times over. Recovering and moving forward after the loss of a parent is an important part of becoming the best person you can be. At the Phoenix Foundation we want to provide you with the best opportunity to move forward and create your future without letting the death of a parent become the defining moment of your life.

The loss of a parent at any age is difficult. As a young person the challenges of navigating your life are compounded. Doubts about whether the missing parent would approve of your choices can lead to inertia and stagnation. We want to help you continue to evolve and grow by providing the opportunity of education to help you reach your goals.

Students applying for this scholarship must complete an essay of no more than 500 words. The prompt for this essay is "How have you overcome the challenges resulting from the loss of a parent?" This essay may take whatever form the author chooses. **If you have already received this scholarship and are re-applying, please use this prompt:** "Having dealt with the loss of a parent, how have you used this experience to impact the lives of others?" In addition applicants must submit a copy of their birth certificate and a copy of the deceased parent's death certificate (along with any appropriate adoption documents if they are applicable).

All applicants must also submit the reference form completed by a professor, teacher, administrator or someone in a similar leadership capacity. No more than three letters of reference will be accepted. Please send all completed documents to the Phoenix Foundation of Central Florida, P O Box 541868, Merritt Island, FL 32954.

All applicants must have proof of acceptance to a four year university, a 3.5 high school GPA or 3.0 college GPA, be attending or planning to attend in a full time capacity, and be willing to submit all requested documents including, but not limited to proof of acceptance to a four year university, reference letter, essay, transcripts and tax documentation if asked. Scholarships will be awarded in amounts between \$1,000 and \$33,000 at the discretion of the selection committee.

*Download Phoenix Flame Application Materials*

[application](#)
[reference form](#)
[checklist](#)

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# Scholarship Application



Which scholarship(s) do you qualify for? (Check all that apply)

Song       Flame       Flight

## Personal Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_ Grad Date \_\_\_\_\_

Test Scores: SAT \_\_\_\_\_ ACT \_\_\_\_\_

Please attach a list of School and Community Activities along with a list of any awards you have received (Limit one page)

## Educational Information

Current School Attending \_\_\_\_\_

Current/Intended Post Secondary Institution \_\_\_\_\_

Intended Field of Study \_\_\_\_\_

Anticipated College/University Graduation Date \_\_\_\_\_

What semester or school year are you intending to use scholarship? \_\_\_\_\_

Will you be a full time student?  YES  NO

## Financial Information

Are you currently employed?  YES  NO If so, where? \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ May we contact your employer  YES  NO

Contact info: \_\_\_\_\_

Do you receive support from another source?  YES  NO If so, who? \_\_\_\_\_

Do you support anyone else?  YES  NO If so, who? \_\_\_\_\_

What is your household income? (If your parents claim you as a dependent for tax purposes, use their household income.)

Less than \$20,000       \$40,000 to \$59,999       \$80,000 to \$99,999       Over \$150,000

\$20,000 to \$39,999       \$60,000 to \$79,999       \$100,000 to \$149,999

List other scholarships you are applying for or have received \_\_\_\_\_

Have you previously applied to this foundation?  YES  NO If so, when \_\_\_\_\_

Were you approved?  YES  NO If approved, how much did you receive? \_\_\_\_\_

\*\*Additional IRS tax returns may be requested

# Scholarship Application



## Terms and Conditions

1. Awards will be made in two installments. Half of the award will be disbursed for the fall term and the other half for spring term, if the student is still enrolled and attending.
2. In order to receive the second disbursement recipients must provide proof of course completion and grade reports proving a minimum of a 3.0 GPA.
3. Recipients allow their likeness, names, and pictures to be used in future Phoenix Foundation promotional literature and social media.
4. Should recipients not meet required GPA or course completion requirements they may be asked to repay funds received
5. Applications must be postmarked by the posted deadline and will be for the current year's disbursements.
6. Recipients will be disqualified from further disbursements if any fraudulent information was submitted on their behalf.
7. Decisions made by the Selection committee are final and may not be appealed.
8. Disbursements will be made to the recipient's institution of enrollment, not directly to the student.
9. Any funds not used by the end of the term will be returned to the student and may be taxable for income tax purposes.
10. Scholarships are applied for and disbursed in one school year period. Recipients are not automatically renewed but must re-apply to be considered for another year's award.
11. Proof of recipient maintaining attendance in specific clubs or classes that are required conditions of their scholarship must be provided following each semester.
12. The Phoenix Foundation of Central Florida, Inc. assumes no liability or responsibility for the recipient's tax filings and has given no tax advice to the recipient.

I, the undersigned, affirm that the above stated information is true and accurate to the best of my knowledge and I have read the terms and conditions of which I agree and accept.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Scholarship Reference Form



## Section 1: Completed by APPLICANT

Applicant's Full Name: \_\_\_\_\_

Scholarship Type (check one).      Song \_\_\_\_\_      Flame \_\_\_\_\_      Flight \_\_\_\_\_

## Section 2: Completed by REFERENCE

Reference's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity do you know the applicant? \_\_\_\_\_

*Please answer the following questions in their entirety. Please attach an additional page if necessary.*

1. In what way has this applicant demonstrated commitment to one of the following:  
.. to the performing arts? (Song) ..to the LGBT community? (Flight) ..to overcoming challenges? (Flame)

2. Why should this applicant be chosen over other applicants who are equally deserving?

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Email \_\_\_\_\_ Title: \_\_\_\_\_

*Thank you for taking the time to complete this form. You may be contacted by the Selection Committee regarding the applicant.*





## Phoenix Flame Scholarship Checklist

Please use this checklist to make sure you have included all of the appropriate documents in your application packet before sending.

- Completed Application
- Signed Terms and Conditions
- Completed Scholarship Reference Form
- Copy of your Deceased Parent's Death Certificate
- Copy of your Birth Certificate
- Sealed copy of your High School and/or College Transcripts
- Essay – Please address the appropriate prompt listed on the Phoenix Flame page on our website.

**REVENUE PER BOOKS**

Contributions, gifts, and grants	160,000
Interest on savings/temp cash invest	67
Total revenue	160,067

**EXPENSES PER BOOKS**

Compensation of officers, dir, etc	36,000
Legal fees	531
Accounting fees	1,563
Taxes	2,754
Travel, conferences, and meetings	3,480
Printing and publications	1,140
Other expenses	5,080
Total operating/administrative exp	50,548
Contributions, gifts, grants paid	132,000
Total expenses	182,548
Excess of revenue over expenses	-22,481

**NET INVESTMENT REVENUE**

Interest on savings/temp cash invest	67
Total revenue	67

**NET INVESTMENT EXPENSES**

Other expenses	67
Total operating/administrative exp	67
Total expenses	67
Net investment income	0

**TAX COMPUTATION**

Tax on investment income	0
--------------------------	---

**PAYMENTS AND CREDITS**

Total payments and credits	0
----------------------------	---

**REFUND OR AMOUNT DUE**

Tax due	0
Overpayment	0

**ADJUSTED NET INCOME REVENUE**

Interest on savings/temp cash invest	67
Total revenue	67

**ADJUSTED NET INCOME EXPENSES**

Compensation of officers, dir, etc	36,000
Legal fees	531
Accounting fees	1,563
Taxes	2,754
Travel, conferences, and meetings	3,480
Printing and publications	1,140
Other expenses	5,013
Total operating/administrative exp	50,481
Total expenses	50,481

Adjusted net income	0
<b>CHARITABLE PURPOSES DISBURSEMENTS</b>	
Compensation of officers, dir, etc	36,000
Legal fees	531
Accounting fees	1,563
Taxes	2,754
Travel, conferences, and meetings	3,480
Printing and publications	1,140
Other expenses	5,013
Total operating/administrative exp	50,481
Contributions, gifts, grants paid	132,000
Total expenses and disbursements	182,481
<b>NET ASSETS OR FUND BALANCES</b>	
Net assets/fund bal. at beg. of year	173,302
Excess of revenue over expenses	-22,481
Net assets/fund bal. at end of year	150,821

2015

**General Information**  
PHOENIX FOUNDATION OF CENTRAL  
FLORIDA, INC.

Page 1

45-5052678

**Forms needed for this return**

Federal: 990-PF, Sch B, 8868, 8868 p2

**Carryovers to 2016**

None

**Undistributed Income Carryovers to 2016**

2015 Excess Distributions

182,481.