

## 10. Completeness Checklist

Applicants must complete chart below and attach as PAGE 1 of the submission.

<u>Application Forms and Attachments</u>	<u>Page #</u>
<b><u>Project Name:</u></b> Expanded Supportive Services at Bright Bridge Ministries	
<b><u>Project Applicant:</u></b> Pensacola United Methodist Community Ministries DBA Bright Bridge Ministries	
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Board minutes affirming submission

134-136

## SECTION V: Application Forms

All forms must be complete for application to be considered for conditional award.

### 1. Applicant Information

Applicant Name: Pensacola United Methodist Community Ministries DBA Bright Bridge Ministries	Authorized Representative Name/Title: Robin Noble/Executive Director
Address: 2600 W Strong St	Telephone: 850-912-8383
City, State/Zip: Pensacola, FL/32505	Applicant Website: <a href="http://www.brightbridgeministries.org">www.brightbridgeministries.org</a>
Contact Person Name/Title: Cheryl Hinnen/Assistant Director	Unique Entity ID (SAM #): SSZENMX4FZ21
Contract Person E-mail: <a href="mailto:cheryl@brightbridgeministry.org">cheryl@brightbridgeministry.org</a>	Federal Employer ID #: 61-1523951

### 2. Project Information

Project Name: Expanded Supportive Services at Bright Bridge Ministries
Project Address (if different from organization address): n/a
This is a/an: <input type="checkbox"/> New Project or <input checked="" type="checkbox"/> Expanded Project
Total Funding Requested for this Project: \$220,000. \$110,000/year for two years
Number of Persons to be Served: 1800/year
<b>Project Type: Supportive Services</b>
Bright Bridge Ministries is seeking funding to provide supportive services for individuals transitioning into or out of homelessness including, but not limited to, client centered care and case management, and connecting clients to medical, mental health, and substance abuse treatment services. Providing supportive services for persons experiencing homelessness will be the priority of the project. Project activities are designed to address the affordable housing unit deficit and relieve the cost burden disproportionately felt by the project participants through the provision of supportive services.
<b>Target Qualifying Population (check as many as applicable below):</b>

<input checked="" type="checkbox"/> Homeless <input checked="" type="checkbox"/> At Risk of Homelessness <input checked="" type="checkbox"/> Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking	<input checked="" type="checkbox"/> Unaccompanied Youth (ages 18-24) Who Have Experienced Persistent Instability in Housing <input checked="" type="checkbox"/> Veterans, or Families of Veterans with a Member that Meets the Criteria for one of the Qualifying Populations
<b>Target Service Location (check as many as applicable below):</b>	
<input checked="" type="checkbox"/> City of Pensacola, District <u>7</u> <input type="checkbox"/> City of Milton, District _____	<input type="checkbox"/> Unincorporated Escambia County, District _____ <input type="checkbox"/> Unincorporated Santa Rosa County, District _____ <input type="checkbox"/> Other: _____

### 3. Certification

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature: 

Typed Name: Robin Noble

Title: Executive Director Date: 12/23/2024

### 4. Project Description

Narrative response must include:

- Sufficient information to understand the scope of the project, the number and type of clients to be served, the services to be provided and the cost of the proposed activities.
- How the project will follow an evidence-based program model or creates an innovative approach to reducing housing insecurity.
- The project's plan to coordinate with housing providers, workforce development boards, and wrap-around supportive service organizations to provide housing and supportive services.

*Limit response to 2,000 words.*

*The narrative is required and must be attached to the application in either Word or PDF format.*

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See attached.

### 5. Quality of Service Questionnaire

The applicant shall provide a brief response to each question below:

1. Describe how the project aligns with Escambia HOME Consortium HOME-ARP Allocation Plan (Appendix 1).
2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing HMIS and Coordinated Entry systems in the Consortium service area, and how this project will integrate with those systems.
3. Describe how the project will provide connections to supportive solutions, include the extent to which this project will connect client to mainstream services (i.e. food stamps, SSI/SSDI, Medicare/Medicaid, physical health care, mental health care, substance abuse treatment, recovery support groups, public housing, childcare providers, etc.), and community-based supports (i.e. volunteer opportunities, faith-based organizations, civic groups, etc.) to ensure long term stability.
4. Describe how your agency has worked to remove traditional barriers (i.e. no income, no insurance, no transportation, etc.) to provide services for individuals and families who are members of the qualifying populations.
5. Describe how your agency evaluates program success.
6. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding, and after funding has ended.

## 6. Ability to Complete Activities Outline

The applicant shall provide an outline that documents their ability to complete the funded activities in the allotted timeframe. This outline shall include:

- Timelines of critical tasks to be accomplished for each proposed activity.
- Monthly spending plans and proposed drawn down schedules; and Reporting schedule for outcomes achieved.

*The outline is required and must be attached to the application in either Word or PDF format*

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## 7. Budget Narrative

The applicant shall provide a budget narrative to describe the overall project budget and sources of match funds (if any) expected for the period of the grant. The budget narrative **must** include the following criteria:

- Description and justification of the proposed Personnel Costs, including Fringe Benefits.
- Description and justification of the proposed Other Program Operation Costs.
- Description and justification of the proposed Administrative Costs.
- Clearly identify the timeframes and methods for obligating grant funds, and how the agency plans to ensure funds are spent before the deadline.
- If the applicant plans to provide additional services, other than those eligible under the funding in this application, clearly denote the type of other services or programs and the funding sources.
- Identify sources of any leveraged funds which are currently committed to the organization for this project (***attached commitment letters***).



**A copy of the applicant’s overall budget, including other services or programs and funding sources, general management and oversight budget charged to grant sources must be attached following the Budget Narrative.**

## **8. Budget Form**

Complete each line as applicable to the proposed project.

## 9. Project Outcomes

Applicants must provide anticipated outcomes and related performance measures (minimum of three).

Performance Measure	Baseline Data ( <i>must include source</i> )	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
1. # of Individuals accessing benefits and supportive services(benefits)	BBM recorded data (January – November 2024): 417	600	Community guests dine with us as needed in our dining hall which is available for lunch Monday - Friday from 10:00am-12:00pm. These community guests will have access to be triaged by our staff for appointments with our Case Managers on a daily basis to address basic case management needs. Conversations with community guests will result in entries into HMIS and referrals and follow-up plans. Each encounter is tracked in HMIS. These encounters are tracked in our HMIS software and reported out via the same daily, weekly, monthly and quarterly.
2. # of Individuals with increased income (employment/pay raise/pay raise)	BBM recorded data (January – November 2024): 113	150	Shelter residents work through their individualized case management plan with their Case Manager on a regular basis. Encounters with their case managers are tracked in HMIS as are residents' case notes updates. Residents who attain employment or receive raises include this information in their case management updates and said data is recorded in HMIS to reflect client success.
3. # of Individuals entering shelter or with referral to area shelter or housing	BBM recorded data (January – November 2024): 286	350	The number of individuals entering shelter in our program is monitored on a daily basis. Community guests that are not eligible for our program but need shelter will be referred to community partners and their encounter with our case managers will be recorded in HMIS. We will be able to routinely pull data on the number of individuals that have been provided shelter in our program or referred out using HMIS.
4. # of Individuals moving to stable housing	BBM recorded data (January – November 2024): 60	75	Residents that are qualified for our program will be case managed with routine checkins with their case manager. Moving out to sustainable housing is tracked in HMIS. Data will be pulled routinely to track success.
5.			
6.			
7. OTHER: _____			

If awarded, applicants will be required to submit detailed reports include de-identified and de-duplicated demographic, service, health, and outcome data.

## **Required Attachments**

- a) Documentation showing the applicant is located in and provides services in Escambia County and/or Santa Rosa County.
- b) Letter of Determination from the IRS confirming your organization's federally tax-exempt status, if applicable.
- c) Copy of your organization's current W-9.
- d) Copy of your organization's 2022 or 2023 tax return. You may submit a 2021 tax return along with explanation for late filing.
- e) Copy of your organization's most recent 2 years of financial statements, with audit if applicable.

**SECTION VI: Appendix 1 – Escambia HOME Consortium HOME-ARP  
Allocation Plan**

Bright Bridge Ministries  
Escambia Consortium, Florida  
HOME - American Rescue Plan Proposal  
Submitted December 2024

## **Project Description**

Bright Bridge Ministries (BBM) is seeking funding to provide supportive services for individuals transitioning into or out of homelessness including, but not limited to, client centered care and case management, employment assistance, life skills training, employment assistance, life skills training, and referring clients to medical, mental health, substance abuse treatment and other services. Providing supportive services onsite and referrals to the community partners for persons experiencing homelessness or at risk of transitioning into homelessness or at risk of transitioning into homelessness will be the priority of the project. Project activities are designed to address the affordable housing unit deficit and relieve the cost burden disproportionately felt by our clients through the provision of supportive services. Referrals are made by our dedicated, experienced, trained, best-in-class case managers and other staff. Our program is innovative since the individuals targeted for this project come to our organization for meals. We are an organization trusted by the target population and are often an existing source of support for them.

Funding will be used to provide Professional Supportive Services to persons experiencing homelessness to help transition households into safe and sustainable housing. Individuals will be asked at time of intake about their housing to clarify and record if they are transitioning into or out of homelessness. Supportive services opportunities would also work towards the goal of increasing household income. BBM has a demonstrated history of providing a constellation of supportive services on site as well as prioritizing community partnership programs to access services that we do not provide directly. As noted in the Needs Assessment and Gaps Analysis, populations at greater risk of housing instability or in unstable housing situations include persons reporting substance abuse and this project will serve individuals with a history of addiction issues. Programs, information, participation, communications, and services will be accessible to persons with disabilities.

Our plan is to provide supportive services through our Case Managers to all those entering our supportive housing through our Emergency Shelter in addition to individuals who participate in our meal program. This grant will allow us to expand the scope of our supportive services. In the past, our professional caseworkers have worked with our men's shelter. In 2024, our caseworkers assisted 334 men experiencing homelessness. With this funding, our caseworkers will meet the needs of clients served through our hot, healthy meals program, in addition to our shelter. We serve over 1,800 men, women, and children every year through the hot, healthy meals program. Over 75% of our lunch clients self-report an annual income of under \$12,000. Having access to supportive services provided by qualified Case Managers allows those in need to navigate their individual obstacles and challenges, causing them to be at-risk of homelessness, and allows individuals to become productive members of society.

Although our grant's target populations are those who are homeless and those who are at risk of homelessness, our trained professional caseworkers are committed in meeting the specific needs of those who are Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, Unaccompanied Youth (ages 18-24) Who Have Experienced Persistent Instability in Housing, and Veterans, or Families of Veterans with a

Member that Meets the Criteria for one of the Qualifying Populations through offering specialized services or making referrals to partner agencies.

Qualified staffing trained in Homeless Management Information System (HMIS), CoC case management, and trauma-informed care are crucial to developing and assisting with an individual's goals and plans. We are able to provide a safe environment which includes on site program meetings, a fully functioning dining hall, and sleeping rooms and outside areas where outside influences and previous acquaintances do not impede residents' progress. Healthy meals allow our community guests and shelter residents the nutrition and energy needed to succeed.

Our Case Workers are invaluable to the success of our program. Some of their many responsibilities and tasks include:

- Provide Coordinated Entry through HMIS for every client.
- Connect clients with COC resources through Opening Doors NWFL
- Develop a self directed Individual Success Plan (for housing and services) for each individual.
- Connect to resources according to individual needs
- Assist with employment assistance and life skills training
- Develop a partnership with our clients to reach their goals.
- Connect with community experts in homelessness, mental health, and substance use services to provide up-to-date resources for individual clients
- Evaluate multiple aspects of social, emotional, and behavioral competencies and functioning to inform service planning and monitor progress toward better outcomes.
- Provides a "how-to" guide on various community programs and educational opportunities.

The target population will receive case management services in addition to supportive services. Individuals will work with personal case workers and staff to acquire identification documents, develop short and long-term individual success plans with the goal of moving from crisis to economic self-sufficiency and stable housing, and will have the option of participating in and will have the option of participating in Life Skills Programs or Recovery Programs (including AA, NA, Most Excellent Way, Job Readiness Class, Money Management Class, Learn-to-Read, Health and Wellness Class). Our program provides supportive services that help individuals become contributing members of society, leading lives they are proud of. Our men's shelter men's shelter program has previously proven successful for helping men experiencing homelessness maintain sobriety, obtain gainful employment and transition to stable housing. Thus far, in 2024, 60 men moved out of our shelter to stable housing and we celebrated 109 new jobs obtained by shelter residents. Because our program is client-directed, the length of time varies from individual to individual, allowing some to completely achieve their goals in a shorter time frame, while others might choose goals that require more time to achieve. Our program reduces returns to homelessness by giving them the life skills and tools needed to achieve self-sufficiency. Our mission and programs are focused on moving individuals formerly experiencing homelessness towards economic self-sufficiency and stable housing. We are seeking funding to expand services to serve additional populations. In addition to our shelter program, our caseworkers will expand their reach to serve clients through our hot, healthy meals program. We serve approximately 1,800 men, women, and children through this program yearly. This funding will expand services to serve additional populations.

Programs provided by BBM practice a person-centered model that incorporates participant choice and inclusion of all geographic areas and subpopulations in and annual Escambia

County, including persons who are homeless, veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families.

Pensacola United Methodist Community Ministries DBA Bright Bridge Ministries upholds the highest standards of non-discrimination and has a zero tolerance of discrimination. Our mission, policies, and procedures ensure that all persons have fair and equal access to all forms of assistance regardless of race, color, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, military status, or perceived sexual orientation. These non-discriminatory practices apply to employment and contracting as well as to marketing, selection of program participants, members, volunteers, and vendors. We are committed to providing an inclusive and welcoming environment for all of our clients, volunteers, staff, subcontractors, vendors, clients, associates, and constituents. These practices of anti-discrimination are applied to potential and program participants so long as doing so doesn't cause an undue financial hardship on the organization.

Programs and practices at BBM operate in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. As such, we maintain records demonstrating training and compliance with the nondiscrimination and equal opportunity requirements, including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in BBM. To that end, BBM also employs an affirmative marketing plan that demonstrates how the agency conducts outreach to persons who are least likely to access services.

We aim to offer the lowest barrier possible to receive our services. No referral is necessary, no documentation is required. Our supportive services program welcomes any person and allows each person to write their own individual action plans to provide a pathway of success to move into stable housing as long as their needs do not put an undue administrative burden on our organization's finances. We offer accountability, resources, tools and skills to overcome barriers to self sufficiency. The individual is connected with a case worker to discuss their plan of action and their goals. We offer clients access to supportive services based on their needs.

We help our clients overcome harmful behaviors while linking them to services in our community (ranging from acquiring identification, food stamps, disability, social security benefits, veterans benefits, youth services, etc.) and offering in-house life skills and recovery classes. While we try to reduce the amount of institutional and freedom limiting expectations for our clients, we do require our shelter residents to remain drug and alcohol free and work with a case worker to create their individual success plans. We serve individuals regardless of their county of residence. Supportive services offered by Case Workers will be available to anyone wanting to participate, both shelter participants and meal participants.

As a service provider, we recognize and respond to clients' previous trauma, approach clients through a strengths-based lens, and provide our clients with safety, respect, and choice. Our trained case workers are able to offer trauma-informed care when working with our participants. Our case workers are also trained in utilizing a screening tool for suspected suicide risk. As a part of our Emergency Shelter, clients are given time, care, a safe space and choice prior to developing their individual success plans. If additional assistance is needed, we partner with community resources to make referrals as necessary to provide for the wrap-around care of the client. This grant will expand our case management expertise ability to be offered to all our

dining hall guests and not just our existing resident wing. Case management expertise is provided to our residents that are on our waitlist and our hundreds of Dining Hall guests daily.

Special populations we are dedicated to serving include, but are not limited to, individuals who:

- Chronic Homeless - Our program reduces returns to homelessness by giving them the life skills and tools needed to achieve self-sufficiency.
- Suffer from substance use disorder - We currently have 10 recovery classes that meet weekly onsite and we employ senior staff who have recovered from substance abuse and who have lived experiences with homelessness and substance abuse.
- Coming from recent incarceration - Our life skills classes offer a variety of tools needed to transition from recent institutionalization back into society.
- Veterans - Our case workers connect our veterans with available resources.
- Youth (18 and older) - Our case workers connect our young adults with community resources
- LGBTQ+ - Our Case Workers collaborate with community resources, such as Strive, to make referrals for specialized care for those who identify as transgender.
- Individuals living with a disability - We work to remove barriers so that all people are able to access services.
- Individuals living with a chronic health condition - We partner with our clients and connect them to appropriate medical caregivers and, when needed, secure funding for appointments, arrange transportation to appointments, and provide the follow-up support that is so often necessary with chronic health condition management.
- Seniors - We assist individuals signing up for Medicare and other senior benefits.
- Communities of Color and Native and Indigenous communities - Our physical location is in a part of our community with a higher percentage of residents who live in poverty and identify as people of color and our services are available to those persons.
- Victims of violence: We have a VAWA emergency transfer plan designed to assist victims of domestic violence, dating violence, sexual assault, or stalking and we make referrals to community partners.



Bright Bridge Ministries  
Escambia Consortium, Florida  
HOME - American Rescue Plan Proposal  
Submitted December 2024

## **5. Quality of Service Questionnaire**

1. Describe how the project aligns with Escambia HOME Consortium HOME-ARP Allocation Plan (Appendix 1).

This proposal aligns with the Escambia HOME Consortium HOME-ARP Allocation Plan in that 24.2% of the community survey response stated that costs related to offering or increasing access to supportive services as the greatest funding need in Escambia and Santa Rosa Counties. An additional 29.2% plus 28.7% of the survey responses were related to increasing existing shelter capacity and operations and for costs for development of new shelter facilities. This signifies the need for additional beds. While the funding for this project will not be spent on increasing our shelter capacity or for developing new shelter facilities, we are about to renovate what will be a new shelter wing with an additional 40 beds added to our facility. This funding will be used for case managers who will ensure that supportive services are provided to the target population, including the new shelter residents.

The Plan also identifies the provision of supportive services as an unmet need of qualifying populations. Over one-third of those surveyed stated that services for those who are currently homeless but not in a shelter have the greatest need for additional assistance and supportive services. Expanding our supportive services to include a wider scope of applications through our case management and supportive services of our meals program will allow us to meet the needs of more individuals who are currently homeless but not in a shelter.

2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing HMIS and Coordinated Entry systems in the Consortium service area, and how this project will integrate with those systems.

Bright Bridge Ministries is committed to providing supportive services to people experiencing homelessness. We are committed to working with the CoC for full participation in the Coordinated Entry System and HMIS. Bright Bridge Ministries is a voting member of our local CoC, participating in monthly sub-recipient meetings, quarterly monitoring of HMIS entry data and case care provision, participating with annual PIT Homeless Count. Our Case Care Workers' annual training incorporates HIPAA Basics Training, DCF Security Awareness Basics Training, and Deaf and Hard-of-Hearing Training.

Our partnership with Opening Doors as our CoC has allowed us to operate our highly successful Emergency Shelter ensuring wrap around services for individuals. Our partnership with the United Way allows us to offer our free community meal service every Monday to Friday. We offer a variety of services for those with addiction issues to help them maintain sobriety in a safe and supportive environment. Our partnership with local AA, NA, CA, and other recovery

groups allow us to offer recovery programs daily. Our finance classes have partnered with the Louis Maygarden Center for Financial Literacy at UWF and are able to and are able to offer one-on-one financial mentorship. We don't just want to help individuals land a job, we want to set them up for success so that they are able to maintain a job and therefore to remain financially stable and housed when they leave our program.

Bright Bridge Ministries is committed to following the Coordinated Entry Process to improve BBM's homelessness response. We are committed to working with Opening Doors and the CoC to report all needed data through HMIS on every individual that we serve. Our quarterly audits have consistently scored BBM with an A rating. Our HMIS Data Quality report in 2024 awarded BBM a 97.82% for overall quality for ESG Programs and 97.74% for overall quality for all ESG-CV programs. A review of the Data Quality Report revealed that Bright Bridge Ministries has maintained an excellent performance in HMIS regarding timely completeness and accuracy of data collection. Our annual HMIS training incorporates HIPAA Basics Training, DCF Security Awareness Basics Training, and Deaf and Hard-of-Hearing Training. Monthly reports are filed with measures of success through Opening Doors.

In an effort to improve services, we hired a Director of Operations in October 2024 and have implemented new policies and procedures to ensure alignment with the COC priorities. BBM has developed and implemented an Ethical Guidelines for Contract Management Policy using best practices. All volunteers and staff annually sign a Conflict of Interest statement. BBM sends referrals to Opening Doors before our clients are placed in a rapid rehousing or a permanent supportive housing program to fully utilize the Continuum of Care.

3. Describe how the project will provide connections to supportive solutions, include the extent to which this project will connect client to mainstream services (i.e. food stamps, SSI/SSDI, Medicare/Medicaid, physical health care, mental health care, substance abuse treatment, recovery support groups, public housing, childcare providers, etc.), and community-based supports (i.e. volunteer opportunities, faith-based organizations, civic groups, etc.) to ensure long term stability.

We are grateful to be part of a community that cares. Our abilities are multiplied when we draw from the resources available to us in our community. Our case workers work closely with COC resources, including, but not limited to:

- The Village Hands
- Next Steps
- AMI Kids
- Alfred Washburn Center
- Community Action
- ADA Services Pensacola
- Grace and Mercy
- Vocational Rehab
- Catholic Charities

Cokesbury Methodist Church  
Gambling Anonymous  
Community Health Pharmacy  
Fairfield Dental Clinic  
Pensacola State College Dental Program  
St Joseph Dental and Medical  
Family Promise  
Brownsville  
Waterfront Mission free tax assistance  
ECAT  
Children Home Society  
Lakeview Mobile Response  
Learn To Read  
SMART Free Tablet/phone  
Oasis – HIV program  
Pavilion  
SHIP Program  
Waterfront Clinic  
Valerie's House Pensacola  
Women Impacting Communities  
Career Source Escarosa  
Olive Baptist Church  
Tri-County Community Council  
TRIO Educational Opportunity Centers  
George Stone Technical College  
United Ministries

We at Bright Bridge Ministries are aware of the racial and ethnic disparities in the population of people experiencing homelessness in our community and we are working to find new ways to reach diverse populations. We have hosted a lunch and learn event specifically reaching out to diverse community leaders to further inform underrepresented populations about the services and resources we provide. We serve a diverse population and make our services known to our existing client base. Word of mouth is our strongest and most effective tool to spread awareness of our services to reach diverse populations.

As a best practice approach to equity and inclusion, we have hired individuals with lived experience in the field. We have a diverse team to meet the diverse needs of those we serve. Of our three case workers, one is an African American male with a history working with veterans. Another case worker is a white male with lived experience of homelessness who is a veteran. Another case worker is a white female who is bilingual and has a background working with youth. All three have diverse backgrounds in social work. We have utilized the Intercultural Development Inventory (IDI) to train our staff. The IDI is a cross-cultural assessment of intercultural competence to build intercultural competence.

BBM has a robust non-discrimination policy in place. We do not have any qualifying criteria in place for individuals to participate in our meal service, or any of our basic need community programs. Most meal and food distribution organizations have age, income, or other restrictions to receive food and wraparound services. BBM community meals are available to all. BBM does not and shall not discriminate on the basis of race, color, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, military status, or perceived sexual orientation in any of its activities or operations that do not present undue financial hardship on the organization. These activities include, but are not limited to, selection or acceptance of members, volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all of our clients, volunteers, staff, subcontractors, vendors, clients, associates, and agency partners.

Special populations we are dedicated to serving include, but are not limited to:

- Persons experiencing homelessness
- Suffer from substance use disorder
- Coming from recent incarceration
- Veterans
- Youth (18 - 24)
- LGBTQ+
- Individuals living with a disability
- Individuals living with a chronic health condition
- Seniors
- Communities of Color and Native and Indigenous communities
- Victims of crime

4. Describe how your agency has worked to remove traditional barriers (i.e. no income, no insurance, no transportation, etc.) to provide services for individuals and families who are members of the qualifying populations.

Bright Bridge Ministries (BBM) was founded in 2006 in response to community needs being expressed by our neighbors in relationship with us. We are located in the Brownsville community of Pensacola. Brownsville has an above average percentage of residents living below the poverty line as compared to Escambia County rates and an above average percentage of individuals experiencing homelessness for the county. What began as preparing bag lunches to hand out the back door to the hungry has grown to preparing over 2,000 hot, healthy free meals monthly for anyone regardless of gender, income, age, sexual orientation or disability who walks in our door. No documentation or referrals are required. In identifying further needs of our community we also began providing mail service, hygiene kits, life skills, and recovery classes on site. An Earn-A-Bike program through volunteering on site was added and now we also provide space for other community services to serve with us such as Learn-to-Read, Legal Services of NWFL, AA, Oasis and (when the mobile unit is in operation) Community Health. We provide wraparound care, as we are able, to any person in need who comes to our doors.

In 2017, we opened His Place Shelter, a shelter for men (or those who identify as male) experiencing homelessness. We developed a work program that guides people from the crisis of homelessness to sustainable housing. Individuals receive assistance in obtaining documents, such as identification, birth certificate, driver's license, social security cards, food stamps applications, etc., finding employment, and in developing the tools and skills to maintain sobriety and to live drug free. Our goal was and continues to be to move our clients experiencing homelessness and crisis to self-sufficiency and living in stable housing through individualized plans with case managers.

On average, we offer shelter for 50 men each night (with a wait list). In 2024, Bright Bridge Ministries has provided 17,653 shelter nights for 334 men experiencing homelessness. In 2024, Bright Bridge Ministries provided 17,653 shelter nights for 334 men experiencing homelessness. Bright Bridge Ministries has been awarded a \$500,000 grant from the State Department of Economic Opportunity that will add an additional 40 beds to our shelter once renovations are complete. Our best-in-class case managers from diverse backgrounds work with each resident to develop their own self-directed individual success plan, and work along with residents in attaining their goals. Program residents are required to maintain employment, maintain sobriety, and attend three program classes of their choice each week. We offer a wide array of on-site opportunities and classes for our clients to choose from to attain tools and skills to maintain stability and advance their goal of self-sufficiency, such as: AA, NA, Most Excellent Way, Yoga, Work Readiness, Learn-to-Read, Money Management, Motivation, and Smoking Cessation. Following best practices, eight of our program classes are facilitated by persons with lived experience of homelessness and/or addiction and 30% of our full-time staff have lived experience of homelessness and addiction. 50% of our staff are female, 50% of our staff are male, one of our case workers is African-American, one of our case workers is bilingual, and one of our case workers is female. One of our senior staff members identifies as bisexual and is hearing impaired.

Bright Bridge Ministries has worked tirelessly to remove traditional barriers for the target populations, including:

- Shelter - His Place Shelter for men (or those who identify as male) currently has 55 beds and we have been awarded a \$500,000 grant from the State Department of Economic Opportunity that will add 40 beds to our shelter once renovations are complete, bringing our capacity to house 95 shelter residents per night.
- Case Management - Our qualified case care workers work with each individual to develop their own self-directed individual success plan, utilizing the HMIS system to track and report services provided.
- Life skills and recovery classes (such as AA, NA, Most Excellent Way, Job Readiness Class, Money Management Class, Learn-to-Read, and Health and Wellness Classes) - We offer a wide array of on-site opportunities and classes for our clients to choose from to facilitate the acquisition of tools and life skills needed to maintain and advance their goal of self sufficiency and ending homelessness.
- Transportation - We offer transportation to interviews, job sites, medical appointments, courts dates, etc.
- Meals - We offer hot, healthy meals regardless of race, color, national origin, age, gender, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, military status, or perceived sexual orientation. race, color, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity,

perceived gender identity, marital status, sexual orientation, military status, or perceived sexual orientation.

- Mail service - Anyone without a fixed address may receive mail at our address.
- Free hygiene kits - We distribute hygiene kits.
- Earn-a-bike program - Anyone may volunteer on-site for 20 hours to earn-a-bike.
- Job placement - We assist individuals with resumes, job placement, and offer a weekly class for individuals looking for a job or wanting to improve their performance on the job to increase workplace success.
- Culinary arts program - We now offer a culinary arts program, Fresh Start. Students receive food safety and sanitation training, kitchen skills, and cooking techniques which allows them rapid hiring success in the hospitality industry.

All services are provided regardless of race, color, national origin, age, gender, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, military status, or perceived sexual orientation as long as services do not require an undue financial burden upon our organization.

Bright Bridge Ministries has successfully managed:

Emergency Solution Grant Cares Act (ESG-CV2) 2021 - \$404,532.00

American Rescue Plan Act (ARPA) 2022-2024 - over \$300,000

Emergency Food and Shelter Program - Phase 39 - 2022 - Shelter \$16,377, Food \$3,277

Emergency Food and Shelter Program (ARPAR) 2022 - Shelter \$49,821, Food \$33,701

United Way Community Investment Grant 2022 - Mass Shelter \$11,750, Food \$17,810

Emergency Solution Grant Cares Act (ESG-CV3) 2023 - \$47,570.75

Emergency Solution Grant Annual 2023 - \$20,925.02

Emergency Food and Shelter Program - Phase 40 - 2023 - Mass Shelter \$21,176

United Way Community Investment Grant - 2023 - Food \$40,000

Emergency Food and Shelter Program - Phase 41 - 2024 Mass Shelter \$13,337, Food \$7,542

United Way Community Investment Grant - 2024 - Food \$44,000

Our quarterly audits have consistently scored BBM with an A rating. Our HMIS Data Quality report in 2024 awarded BBM a 97.82% for overall quality for ESG Programs and 97.74% for overall quality for all ESG-CV programs. A review of the Data Quality Report revealed that Bright Bridge Ministries has maintained an excellent performance in HMIS regarding timely completeness and accuracy of data collection.

Bright Bridge Ministries has robust financial policies and procedures, including a board-approved annual budget and oversight, an independent annual audit, a designated finance person with separation of duties, and cash reserves for grants that reimburse expenses or require matching funds. We have a proven history of financial stability, prudence, and success.

5. Describe how your agency evaluates program success.

Bright Bridge Ministries evaluates program success through several measurable objectives.

From July 2022- November 2024:

- We provided 39,545 nights of shelter
- 543 individuals were provided with case care management
- 364 individuals had increases in income (67% of those provided case care management) through employment

We partner with our clients and connect them to appropriate medical caregivers and when needed secure funding for appointments, arrange transportation to appointments, and provide follow-up support so often necessary with chronic health condition management.

Caseworkers assisted individuals with benefits during 581 sessions.

167 people (31% of those provided case care management) previously experiencing homelessness have left BBM for stable housing

We credit our success:

1. To our wrap-around care facilitated by our staff and caseworkers.
2. To our implementation of a proven program of best practices that allows client self-direction, programs facilitated by persons with lived experiences of homelessness and addiction, staffing that is diverse and qualified.
3. To providing trauma informed care ensuring a safe and nurturing environment.
4. To providing client satisfaction surveys to evaluate our effectiveness.

Independent Client Survey (Reporting - 39 individuals):

- When asked "What assistance were you seeking when you first contacted Bright Bridge?," 100% stated "Emergency Shelter"
- When asked "Did you receive the assistance that you were seeking?" 100% of those in His Place Emergency Shelter responded, "Yes."
- Percent of clients likely to refer others to Bright Bridge Ministries: 92.5% said very likely, 5% said somewhat likely, 2.5% said neither likely nor unlikely, 0% said somewhat unlikely, and 0% said very unlikely.

6. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding, and after funding has ended.

Residents in our shelter program in level 2 or above pay a monthly program fee which allows Bright Bridge Ministries to provide quality services beyond the funding cycles of our various grants. Additional beds will create an increased revenue stream of program fees. Our Bright Bridge Ministries Board of Directors is committed to providing services beyond the funding cycle of this grant and has overseen our increased strategic investment options to diversify our financial portfolio, such as partnering with Morgan Stanley for stocks, bonds and mutual funds. The Board utilizes investments to prioritize covering necessary expenses tied to our mission and grant awards. Our Bright Bridge Foundation contributes annually to fund administration costs. Our organization has a history of healthy financial oversight with continuous shelter operations. We are committed to providing quality services beyond the funding from this grant. In addition to grants, individual donations, foundations, and program fees, we have 10 partner churches each year who contribute financially to our success. Our diversified funding contributes to our nonprofits' long-term sustainability. Our community support allows us to

provide quality services in the community in case of reduced or loss of funding, and after funding has ended.



Bright Bridge Ministries  
Escambia Consortium, Florida  
HOME - American Rescue Plan Proposal  
Submitted December 2024

**Ability to Complete Activities Outline (max 48 months)**

The applicant shall provide an outline that documents their ability to complete the funded activities in the allotted time frame.

This outline shall include:

- Timelines of critical tasks to be accomplished for each proposed activity.
- Monthly spending plans and proposed drawn down schedules; and Reporting schedule for outcomes achieved.

Total spending \$220,000: \$110,000/year for two years

February 2025: Estimated spending: \$9,166

Funding notification received.

Two Case Workers hired and trained.

March 2025 - January 2026: Estimated monthly spending: \$9,166

Two Case Workers implementing program, providing Professional Supportive Services and producing quarterly reports for outcomes (June, September, December).

February 2026 - January 2027: Estimated monthly spending: \$9,166

Two Case Workers implementing program, providing Professional Supportive Services, producing quarterly reports for outcomes (March, June, September, December) and final report.

Bright Bridge Ministries  
Escambia Consortium, Florida  
HOME - American Rescue Plan Proposal  
Submitted December 2024

**Budget Narrative**

A copy of the applicant's overall budget, including other services or programs and funding sources, general management and oversight budget charged to grant sources must be attached following the Budget Narrative.

The budget for this project is \$110,000/year to provide two full-time Case Workers to implement the program, provide Professional Supportive Services, and collect relevant evaluation data. This figure includes fringe benefits. We have requested funding for two years of program activities and can provide additional years of services at a cost of \$110,000/year.

BBM is able to operate on a reimbursement basis and will ensure grant funds are spent before the deadline since the funding will be spent on personnel. A spending plan is described below.

February 2025: Estimated spending: \$9,166  
Funding notification received.  
Two Case Workers hired and trained.

March 2025 - January 2026: Estimated monthly spending: \$9,166  
Two Case Workers implement the program, provide Professional Supportive Services, and collect relevant evaluation data.

February 2026 - January 2027: Estimated monthly spending: \$9,166  
Two Case Workers implement the program, provide Professional Supportive Services, and collect relevant evaluation data.

Leveraged funds include:  
United Way of West Florida: \$44,000  
Bright Bridge Foundation: \$180,000  
Individual donations: \$40,000

Bright Bridge Ministries - 2025 Operating Budget			
	<b>Income</b>		
43000	Grants Private and Churches	0	
43001	United Way	0	
43045-1	Shelter Grant	0	
43045-2	Meal Grant	0	
43045-3	Meal Grant	40,000	
<b>43045</b>	<b>Total United Way</b>	<b>40,000</b>	
43055	<b>Opening Doors</b>		
43055-1	CV Grant	0	
43055-2	ESG Grant 23b-24a	0	
43055-4	ESG Grant 24b-25a	18,345	
<b>43055</b>	<b>Total Opening Doors</b>	<b>18,345</b>	
<b>43000</b>	<b>Other Grants</b>		
43012	EFSP Grant	20,000	
43013	ARPA Grant	0	
43014	DEO Grant	500,000	
43040	Other Grants		
43011	Private and Churches		
<b>43000</b>	<b>Total Other Grants</b>	<b>520,000</b>	
	<b>Total Grants</b>	<b>578,345</b>	
<b>44000 General Donations</b>			
44020	United Methodist Churches	25,000	
44022	Gift Cards	0	
44023	Methodist Churches	20,000	
44024	Churches	20,000	
44032	Reap	0	
44034	AA Meetings	1,600	
44040	Individuals	200,000	
44050	Other Organizations	30,000	
44052	Interest Income	25,000	
44010	Spark Good (Walmart)	0	
<b>44000</b>	<b>Total Donations</b>	<b>321,600</b>	
<b>44054</b>	<b>Foundation Grant</b>	<b>100,000</b>	
<b>45000</b>	<b>Ministry Programs</b>		
45010	Food	20,000	

45012	Fresh Start	1,000	
45040	Hygiene Ministry	1,000	
45045	Earn a Bike	1,000	
45048	His Place Furniture	8,000	
45013	Resident Needs	5,000	
<b>45000</b>	<b>Total Ministry Programs</b>	<b>36,000</b>	
<b>48100</b>	<b>Program Income</b>		
48000	Chadwick House Fees	26,400	
48103	HIS Place Fees	125,000	
48102	South Wing Program Fees	0	
<b>46045</b>	<b>Total Program Income</b>	<b>151,400</b>	
<b>49000</b>	<b>In Kind Donations</b>		
49010	In Kind Food	157,000	
49008	In Kind Earn a Bike	0	
49007	In Kind Shelter - Daily Operations	0	
49006	In Kind Shelter - Room Sponsorships	0	
49005	In Kind Vehicles	0	
49009	In Kind Kitchen Equip & Maintenance	0	
<b>49000</b>	<b>Total In Kind</b>	<b>157,000</b>	
<b>49100</b>	<b>Capital Improvement Donations</b>		
49101	South Wing Renovations	0	
49102	South Wing Private	0	
49103	HVAC Donations	0	
49104	Adopt a Room Donations	0	
<b>49100</b>	<b>Total Capital Improvement Donations</b>	<b>0</b>	
	PUMCM Funding		
	Budget Balance Amount	<b>119,573</b>	
	<b>TOTAL INCOME</b>	<b>1,463,918</b>	
<b>Operating Expenses</b>			
<b>64000 Administrative Expenses</b>			
	<b>Personnel Expenses</b>		
64010	Salary-Director	31,978	
64014	Salary-Assistant Director	29,088	
64016	Director of Operations	62,500	
65052	Kitchen Manager	46,064	

65380	Case Managers	110,000	
65386	Shelter Manager	58,000	
68382	Overnight Shelter Staff	22,000	
18994	Social Security Expense	20,358	
64027	Medicare Tax	4,761	
64028	State Unemployment Tax (SUTA)	1,512	
64029	Workers Comp	7,000	
64031	ADP - Payroll & HR Software	4,000	
64038	Cell Phone Reimbursement	6,300	
64043	Teamwork Exercises	1,020	
	<b>Total Personnel Expenses</b>	<b>404,581</b>	
	<b>General Expenses</b>		
64030	Office Supplies	2,500	
64032	Printing	500	
64033	Computer Expenses	4,500	
64035	Copier Rental	2,600	
64036	Background Checks	1,200	
64034	Office Equipment/Furniture	1,000	
64039	Employee Insurance Stipend	0	
64050	Misc. Expense RMUMC Expenses	15,000	
64060	Postage	750	
64070	TV/Phone/Internet	5,000	
64075	IT Support	2,940	
64080	Website Expense-Hosting	500	
64091	Professional Fees/Accounting	10,800	
64092	Professional Fees/Audit-Tax Return	7,500	
64093	State Annual Filing Fee	250	
64109	Advertising	1,000	
64113	Liability Insurance	6,100	
65061	Property Insurance	62,520	
64150	PayPal Fee	700	
64155	SBA Interest Expense	3,867	
64095	Non-Profit CRM	3,700	
26500	SBA Loan	3,825	
64037	Florida Dept of Ag & Consumer	700	
65351	ED Health Insurance	3,900	
<b>64000</b>	<b>Total Administrative Expenses</b>	<b>141,352</b>	
<b>65000</b>	<b>Ministry Program Expenses</b>		
64002	Resident Background Check	400	
64003	HMIS-Admin Expense	195	

64120	General Ministry Expense	0	
65200	Hygiene Ministry Items	0	
65004	Earn a Bike Repairs	1,000	
65383	Life Skills	0	
<b>65000</b>	<b>Total Ministry Expenses</b>	<b>1,595</b>	
<b>65001</b>	<b>Vehicle Operation Expenses</b>		
65011	Drivers	0	
65013	Vehicle Maintenance	3,500	
65012	Licenses/Permits	350	
<b>65001</b>	<b>Total Vehicle Expenses</b>	<b>3,850</b>	
<b>65040</b>	<b>Kitchen Operation Expenses</b>		
64001	City of Pensacola - Gas	1,000	
65050	Food Costs	70,000	
65051	Kitchen Maintenance	10,000	
65054	Non-Food Kitchen Expense	9,000	
65041	Kitchen Equipment	4,000	
<b>65040</b>	<b>Total Kitchen Expenses</b>	<b>94,000</b>	
<b>65055</b>	<b>Facilities Maintenance</b>		
65056	Custodial Supplies	10,000	
65058	Custodial Worker	0	
65059	Total Fire Protection	3,000	
65069	Public Use Port-o-Potty	5,000	
65385	Renovations & Repairs	30,000	
64112	City Sanitation	4,000	
69050	Pest Control	5,700	
65057	Maintenance Worker	0	
65063	Republic Services	9,000	
65064	ECUA	8,500	
65065	FPLNW Electric	38,400	
64098	Security Cameras & Walk Thru	4,000	
65066	Security System	5,000	
64040	Facility Maintenance	0	
<b>65055</b>	<b>Total Facilities Maintenance</b>	<b>122,600</b>	
<b>65399</b>	<b>HIS Place Expenses</b>		
64107	Drug Test Expenses	4,000	
65384	Furniture	7,910	
65387	Shelter Equipment	0	
65397	TV & Internet	0	

65389	Resident Needs	5,000	
<b>65399</b>	<b>Total HIS Place Expenses</b>	<b>16,910</b>	
<b>66000</b>	<b>Support Program Expenses</b>		
66005	Celebrate Recovery	0	
66006	Cooking School	0	
66007	Cooking School Supplies	0	
<b>68000</b>	<b>Total Program Expenses</b>	<b>0</b>	
<b>68000</b>	<b>Chadwick House Expenses</b>		
68010	Rent	12,000	
68003	Cox Cable	0	
68004	City of Pensacola - Gas	1,865	
68005	FPL Electric	2,200	
68006	ECUA	2,215	
68008	Bldg. & Grounds	250	
<b>68000</b>	<b>Total Chadwick House Expenses</b>	<b>18,530</b>	
<b>69000</b>	<b>Misc Expense</b>		
69000	Miscellaneous Expenses	1,000	
69010	Discretionary	2,500	
<b>69000</b>	<b>Total Misc. Expenses</b>	<b>3,500</b>	
<b>69100</b>	<b>Capital Improvement/Renovation</b>		
69101	South Wing Renovation Expense	500,000	
69102	HVAC	0	
69103	Cap Imp - Dining Hall	0	
69105	Cap Imp - Other	0	
69104	Safe & Secure Project	0	
<b>69100</b>	<b>Total Capital Improvement/Reno</b>	<b>500,000</b>	
<b>70000</b>	<b>In-Kind Expenses</b>		
70005	In-Kind Vehicles	0	
70006	In-Kind Shelter Room Sponsorships	0	
70007	In-Kind Shelter Daily Operations	0	
70008	In-Kind Bike	0	
70009	In-Kind Kitchen Equip & Maint	0	
70010	In-Kind Food	157,000	
70011	In-Kind Furniture	0	
<b>70000</b>	<b>Total In-Kind Expenses</b>	<b>157,000</b>	

90000	Total Expenses	1,059,337	
95000	Net Income/(Deficit)	404,581	



# Budget Template

## Notice of Funding Availability

*Edit GREY fields to add broad line items to form your budget. BLUE fields provide budget short descriptions and amounts requested.*

Year 1		
Eligible Costs	Quantity AND Description (max 400 characters)	Assistance Requested
Caseworkers Salaries and benefits	2 Caseworkers providing supportive services @ \$55,000 each/year; salary-exempt FTE (full-time employees)	\$110,000/year
<b>Subtotal Requested</b>		<b>\$ 110,000/year-</b>
<b>Admin Requested (max of 10%)</b> <i>(i.e. accounting costs, contract management costs, facility costs)</i>		n/a
<b>Total Amount Requested</b>		<b>\$110,000/year -</b>



## LOCAL MATCH COMMITMENT LETTER

12/19/2024

Escambia Consortium, Florida  
HOME-American Rescue Plan  
home-arp@myescambia.com

Re: HOME ARP Match Commitment Letter

Dear Escambia Consortium, Florida:

This letter serves as Bright Bridge Ministries' commitment to provide a full financial match that meets the requirements for the HOME ARP Grant.

With HOME ARP funding, our organization will provide Supportive Services through professional case management.

Source of Local Match Commitment Funds: ☐ In-Kind Contribution ☒ Financial Match

<b>Name of Local Match Commitment Funding Source:</b>	<b>Financial Match Source:</b> \$180,000 - Bright Bridge Foundation (2024 - \$100,000, 2025 - \$80,000) \$40,000 - Individual donations (2024)  <b>In-Kind Match Source: n/a</b>
<b>Starting date for funding</b>	<b>01/01/2025</b>
<b>Ending date for funding</b>	<b>Annually as needed</b>
<b>Total Project Cost:</b>	<b>\$220,000</b>
<b>Local Match Commitment:</b>	<b>\$220,000</b>
<b>Activity Type:</b>	<b>Supportive Services (Professional Case management)</b>

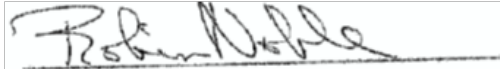
As a 501(c)(3) nonprofit, faith-centered ministry dedicated to providing support and resources to those in need, Bright Bridge Ministries offers food, recovery services, housing and spiritual guidance.

We understand that for match to be accepted, it must be allowable, reasonable, allocable, consistently applied, and included in the approved budget. We are aware that appropriate documentation is required to record the cost of match being provided. The records of all cash contributions will be documented.

We are aware that none of the cash contributions can be paid from a federally funded source (including salaries) or are currently being utilized as a cost match toward another federal grant.

Please contact Robin Noble at 850-454-7652, [robin@brightbridgeministries.org](mailto:robin@brightbridgeministries.org) with questions.

Sincerely,



Robin Noble  
Executive Director  
Bright Bridge Ministries



## FUNDED AGENCY MEMORANDUM OF AGREEMENT

BETWEEN: **United Way of West Florida**  
(Herein called UWWF)

AND: **Bright Bridge Ministries**  
(Herein called the Agency)

### AGREEMENT:

Grant funding is being provided to the **Bright Bridge Ministries** in an annual amount of **\$44000.00** for the **Hot Meals Program** program. This funding is awarded monthly, beginning July 1, 2024, and ending June 30, 2025. Funding will be contingent upon the availability of funds from UWWF and the Agency's successful operation and achievement of goals.

### INTRODUCTION:

The *mission* of United Way of West Florida is uniting our community and leveraging resources to improve lives.

UWWF provides the means by which a cross section of citizens and agencies join in a community-wide effort to deliver effective human-service programs.

One of the functions of UWWF is to develop financial resources for the human-service needs of the community. Essential to this function is UWWF's fundraising campaign.

Underscoring the cooperative nature of the UWWF-Agency relationship is a reciprocal commitment to communicate on matters of mutual concern and to work together to reach solutions that are in the best interest of the community.

### SECTION I:

By entering into this agreement, the Agency recognizes the fundamental principles that characterize the UWWF-Agency relationship and agrees to adhere to the specific policies and procedures summarized in this written agreement.

By signing this agreement, the Agency certifies the following is true and any deficiencies or changes in status will be immediately brought to the attention of UWWF.

#### ***The Agency agrees to:***

- (A) Utilize all UWWF dollars paid to the agency in support of its program operating budget, and in accordance with the approved investment, as outlined in the Award Letter(s), provided to each Agency's funded program upon completion of the community investment process.
- (B) Provide semi-annual progress reports as required by UWWF (due January and



July) on the program outputs, outcomes, and data as proposed in the application for program support, through the online portal provided by UWWF.

- (C) Make available agency program, project, service, statistical, and financial reports as required by UWWF.
- (D) Ensure the organization and applicable program service(s) is/are listed in the 211 Northwest Florida Database and the listing is consistently accurate.
- (E) Submit agency paperwork with updates as requested by UWWF.
- (F) Advise UWWF immediately of any organizational changes (change in professional leadership, service, program or funding).
- (G) Display an easily visible standard window cling (available from UWWF) on its facilities identifying the agency as a United Way funded agency.
- (H) Use the United Way logo and/or the words "United Way Funded Agency" on all printed and web-based materials. Use of the United Way logo and the style of lettering should always conform to the standards in current use by UWWF.
- (I) Abide by UWWF policies, discouraging self-designations and the promotion of donor designations. When fundraising for the UWWF campaign, Agencies are expected to promote the Community Investment Fund and not promote self-designations, either in their literature and/or during participation in any speaking engagements on behalf of UWWF.
- (J) Hold a site visit that is open to UWWF staff and board, Community Investment volunteers, and members of the public. If your agency does not have the space to host a visit, contact UWWF to arrange for the presentation to be hosted elsewhere.
- (K) Include UWWF on the Agency's website and include a text and/or logo hyperlink to the United Way of West Florida's website. Funded Agency Tools are located at <https://www.uwwf.org/funded-agency-tools>
- (L) Participate actively in the UWWF fundraising campaign, which includes holding an Employee Campaign, and participating in UWWF's presentations when asked. Agencies are NOT required to raise a certain amount of money through their workplace campaign, however they are required to have a UWWF Staff member or Ambassador present about UWWF to their employees. **The agency's workplace campaign must be completed by December 31<sup>st</sup>.**
- (M) Request, in writing, an extension of the use of unused funds that remain at the end of the grant period. UWWF reserves the right to request the return of any unspent funds that remain after the funding period approved within this Agreement.



- (N) Request in writing to UWWF if changes are required in the approved goals, objectives and/or overall program. In this event, UWWF reserves the right to renegotiate, adjust, suspend or cancel its grant to the Agency, and will request further information as to the proposed changes. UWWF will inform the Agency of its decision in a timely manner.

Payment of funds to the Agency is subject to reduction or cancellation, in whole or in part, if the Agency fails to carry on its activities, in whole or in part, as represented at the time of the request for funds. Where the Agency uses or applies funds invested in the Agency by UWWF, or it is anticipated that such funds may be used or applied, for purposes other than those for which such funds were invested, UWWF may renegotiate, adjust, suspend or cancel further payment of funds not already paid to the Agency. Any change in investment would require the approval of the UWWF Board of Directors.

## **SECTION II:**

### ***By entering into this Agreement, UWWF agrees to:***

- (A) Conduct a comprehensive fundraising campaign within Escambia County and Santa Rosa Counties.
- (B) Support the Agency's UWWF workplace campaign.
- (C) Identify the Agency as a UWWF Funded Agency and to communicate to the public the broad range of services provided by all Funded Agencies.
- (D) Remit on a monthly basis, July to June fiscal year, the investment committed to the Agency, subject to the regulations and restrictions laid out in this Agreement.
- (E) Provide access to the online portal so that the Agency can provide semi-annual updates on progress.
- (F) Notify the Agency of any adjustments of investments that may be necessary in the event of a campaign shortfall, or other financial shortfall.
- (G) Make available the UWWF annual report on the UWWF website, including the most recent audited financial statement.
- (H) Ensure the Agency is aware of the rationale for the investment decision.
- (I) Act as a liaison to provide opportunities for professional development and non-profit training.
- (J) Adhere to UWW Membership Standards and comply with all federal, state, local and IRS regulations.



### SECTION III:

In the event of a violation by either party of its obligations herein, the other party shall have the right to terminate this agreement upon thirty (30) days written notice. The parties hereby acknowledge UWWF also reserves the right to renegotiate, adjust, suspend or cancel the investment to the Agency in the event of a violation of the obligations of the Agency set out herein; or in the event of a shortfall in UWWF's anticipated revenue or other financial hardship. UWWF also reserves the right to renegotiate, adjust, suspend or cancel the investment if the approved goals, objectives and/or overall program become unachievable, and an alternative cannot be supported by UWWF.

By signing this agreement, the Agency certifies that to the best of its knowledge, it is in compliance with all federal, state, and local governmental regulations pertaining to its operations and is currently eligible to receive tax deductible contributions in accordance with IRS regulations. In the event the Agency determines, or is notified, that it is not in compliance with federal, state, or local governmental regulations, or is no longer eligible to receive tax deductible contributions under IRS guidelines, the Agency will notify UWWF in writing of said non-compliance immediately.

This Funded Agency Agreement, upon its approval by both UWWF and the Agency, shall supersede any previous Funded Agency Agreements executed between UWWF and the Agency.

This Funded Agency Agreement was reviewed and approved by the Agency's Board of Directors, or a representative of the Board, on: 5 / 31 / 2024  
(month / date / year)

### FOR THE FUNDED AGENCY:

Signed on: June 4, 2024  
(month / date / year)

By: Mark J. Bond Mark K LaBeanche  
Chair of Agency Board (print name and provide signature)

By: Robin Noble Robin Noble  
Agency Executive Director/CEO (print name and provide signature)

### FOR UNITED WAY OF WEST FLORIDA:

Signed on: \_\_\_\_\_  
(month / date / year)



December 16, 2024

To Whom It May Concern:

This letter is to affirm that I attended the pre-application online meeting on behalf of Bright Bridge Ministries on October 7, 2024.

Thank you,

A handwritten signature in black ink, appearing to read "Kristi McClellan".

Kristi McClellan

Grant Writer

251-716-4752

[awfumcgrants@gmail.com](mailto:awfumcgrants@gmail.com)



**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004148

**Entity Name:** PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.**Current Principal Place of Business:**2600 W. STRONG ST.  
PENSACOLA, FL 32505**Current Mailing Address:**2600 W. STRONG ST.  
PENSACOLA, FL 32505**FEI Number:** 61-1523951**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NOBLE, ROBIN C. REV.  
2600 W. STRONG ST.  
PENSACOLA, FL 32505 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBIN C. NOBLE

01/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	LA BRANCHE, MARK REV. DR.
Address	215 PERRY AVE
City-State-Zip:	PENSACOLA FL 32503

Title	EXECUTIVE DIRECTOR
Name	NOBLE, ROBIN C.
Address	2600 W. STRONG ST.
City-State-Zip:	PENSACOLA FL 32505

Title	SECRETARY
Name	ROBINSON, MYKEL
Address	6024 KASSANDRA LANE
City-State-Zip:	GULF BREEZE FL 32563

Title	TREASURER
Name	COOK, GEOFF
Address	3531 FIRESTONE BLVD
City-State-Zip:	PENSACOLA FL 32503

Title	OFFICER
Name	MOSER, MIKE
Address	9 HILLBROOK WAY
City-State-Zip:	PENSACOLA FL 32503

Title	OFFICER
Name	BROWN, ASHLEE REV
Address	75 FAIRPOINT DR.
City-State-Zip:	GULF BREEZE FL 32561

Title	OFFICER
Name	PETERS, JERRY
Address	2330 AEGEAN TERRACE
City-State-Zip:	PENSACOLA FL 32507

Title	VP
Name	DAVIS, MARCEL
Address	920 W. GOVERNMENT ST
City-State-Zip:	PENSACOLA FL 32502

**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBIN NOBLE**EXECUTIVE DIRECTOR**

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name SHELTON, GERALD  
Address 6072 SUNNYRIGE DR.  
City-State-Zip: MILTON FL 32570

Title OFFICER  
Name SHARRON, TOM DR.  
Address PO BOX 973  
City-State-Zip: GULF BREEZE FL 32562

Title OFFICER  
Name HOCKENBERRY, MISSY  
Address 13660 INNERARITY POINT ROAD  
City-State-Zip: PENSACOLA FL 32507

Title OFFICER  
Name LOCKHART, RALPH  
Address 5701 LANGLEY COURT  
City-State-Zip: PENSACOLA FL 32504

Bright Bridge Ministries - 2025 Operating Budget			
	<b>Income</b>		
43000	Grants Private and Churches	0	
43001	United Way	0	
43045-1	Shelter Grant	0	
43045-2	Meal Grant	0	
43045-3	Meal Grant	40,000	
<b>43045</b>	<b>Total United Way</b>	<b>40,000</b>	
43055	<b>Opening Doors</b>		
43055-1	CV Grant	0	
43055-2	ESG Grant 23b-24a	0	
43055-4	ESG Grant 24b-25a	18,345	
<b>43055</b>	<b>Total Opening Doors</b>	<b>18,345</b>	
<b>43000</b>	<b>Other Grants</b>		
43012	EFSP Grant	20,000	
43013	ARPA Grant	0	
43014	DEO Grant	500,000	
43040	Other Grants		
43011	Private and Churches		
<b>43000</b>	<b>Total Other Grants</b>	<b>520,000</b>	
	<b>Total Grants</b>	<b>578,345</b>	
<b>44000 General Donations</b>			
44020	United Methodist Churches	25,000	
44022	Gift Cards	0	
44023	Methodist Churches	20,000	
44024	Churches	20,000	
44032	Reap	0	
44034	AA Meetings	1,600	
44040	Individuals	200,000	
44050	Other Organizations	30,000	
44052	Interest Income	25,000	
44010	Spark Good (Walmart)	0	
<b>44000</b>	<b>Total Donations</b>	<b>321,600</b>	
<b>44054</b>	<b>Foundation Grant</b>	<b>100,000</b>	
<b>45000</b>	<b>Ministry Programs</b>		
45010	Food	20,000	

45012	Fresh Start	1,000	
45040	Hygiene Ministry	1,000	
45045	Earn a Bike	1,000	
45048	His Place Furniture	8,000	
45013	Resident Needs	5,000	
<b>45000</b>	<b>Total Ministry Programs</b>	<b>36,000</b>	
<b>48100</b>	<b>Program Income</b>		
48000	Chadwick House Fees	26,400	
48103	HIS Place Fees	125,000	
48102	South Wing Program Fees	0	
<b>46045</b>	<b>Total Program Income</b>	<b>151,400</b>	
<b>49000</b>	<b>In Kind Donations</b>		
49010	In Kind Food	157,000	
49008	In Kind Earn a Bike	0	
49007	In Kind Shelter - Daily Operations	0	
49006	In Kind Shelter - Room Sponsorships	0	
49005	In Kind Vehicles	0	
49009	In Kind Kitchen Equip & Maintenance	0	
<b>49000</b>	<b>Total In Kind</b>	<b>157,000</b>	
<b>49100</b>	<b>Capital Improvement Donations</b>		
49101	South Wing Renovations	0	
49102	South Wing Private	0	
49103	HVAC Donations	0	
49104	Adopt a Room Donations	0	
<b>49100</b>	<b>Total Capital Improvement Donations</b>	<b>0</b>	
	PUMCM Funding		
	Budget Balance Amount	<b>119,573</b>	
	<b>TOTAL INCOME</b>	<b>1,463,918</b>	
<b>Operating Expenses</b>			
<b>64000 Administrative Expenses</b>			
	<b>Personnel Expenses</b>		
64010	Salary-Director	31,978	
64014	Salary-Assistant Director	29,088	
64016	Director of Operations	62,500	
65052	Kitchen Manager	46,064	

65380	Case Managers	110,000	
65386	Shelter Manager	58,000	
68382	Overnight Shelter Staff	22,000	
18994	Social Security Expense	20,358	
64027	Medicare Tax	4,761	
64028	State Unemployment Tax (SUTA)	1,512	
64029	Workers Comp	7,000	
64031	ADP - Payroll & HR Software	4,000	
64038	Cell Phone Reimbursement	6,300	
64043	Teamwork Exercises	1,020	
	<b>Total Personnel Expenses</b>	<b>404,581</b>	
	<b>General Expenses</b>		
64030	Office Supplies	2,500	
64032	Printing	500	
64033	Computer Expenses	4,500	
64035	Copier Rental	2,600	
64036	Background Checks	1,200	
64034	Office Equipment/Furniture	1,000	
64039	Employee Insurance Stipend	0	
64050	Misc. Expense RMUMC Expenses	15,000	
64060	Postage	750	
64070	TV/Phone/Internet	5,000	
64075	IT Support	2,940	
64080	Website Expense-Hosting	500	
64091	Professional Fees/Accounting	10,800	
64092	Professional Fees/Audit-Tax Return	7,500	
64093	State Annual Filing Fee	250	
64109	Advertising	1,000	
64113	Liability Insurance	6,100	
65061	Property Insurance	62,520	
64150	PayPal Fee	700	
64155	SBA Interest Expense	3,867	
64095	Non-Profit CRM	3,700	
26500	SBA Loan	3,825	
64037	Florida Dept of Ag & Consumer	700	
65351	ED Health Insurance	3,900	
<b>64000</b>	<b>Total Administrative Expenses</b>	<b>141,352</b>	
<b>65000</b>	<b>Ministry Program Expenses</b>		
64002	Resident Background Check	400	
64003	HMIS-Admin Expense	195	

64120	General Ministry Expense	0	
65200	Hygiene Ministry Items	0	
65004	Earn a Bike Repairs	1,000	
65383	Life Skills	0	
<b>65000</b>	<b>Total Ministry Expenses</b>	<b>1,595</b>	
<b>65001</b>	<b>Vehicle Operation Expenses</b>		
65011	Drivers	0	
65013	Vehicle Maintenance	3,500	
65012	Licenses/Permits	350	
<b>65001</b>	<b>Total Vehicle Expenses</b>	<b>3,850</b>	
<b>65040</b>	<b>Kitchen Operation Expenses</b>		
64001	City of Pensacola - Gas	1,000	
65050	Food Costs	70,000	
65051	Kitchen Maintenance	10,000	
65054	Non-Food Kitchen Expense	9,000	
65041	Kitchen Equipment	4,000	
<b>65040</b>	<b>Total Kitchen Expenses</b>	<b>94,000</b>	
<b>65055</b>	<b>Facilities Maintenance</b>		
65056	Custodial Supplies	10,000	
65058	Custodial Worker	0	
65059	Total Fire Protection	3,000	
65069	Public Use Port-o-Potty	5,000	
65385	Renovations & Repairs	30,000	
64112	City Sanitation	4,000	
69050	Pest Control	5,700	
65057	Maintenance Worker	0	
65063	Republic Services	9,000	
65064	ECUA	8,500	
65065	FPLNW Electric	38,400	
64098	Security Cameras & Walk Thru	4,000	
65066	Security System	5,000	
64040	Facility Maintenance	0	
<b>65055</b>	<b>Total Facilities Maintenance</b>	<b>122,600</b>	
<b>65399</b>	<b>HIS Place Expenses</b>		
64107	Drug Test Expenses	4,000	
65384	Furniture	7,910	
65387	Shelter Equipment	0	
65397	TV & Internet	0	

65389	Resident Needs	5,000	
<b>65399</b>	<b>Total HIS Place Expenses</b>	<b>16,910</b>	
<b>66000</b>	<b>Support Program Expenses</b>		
66005	Celebrate Recovery	0	
66006	Cooking School	0	
66007	Cooking School Supplies	0	
<b>68000</b>	<b>Total Program Expenses</b>	<b>0</b>	
<b>68000</b>	<b>Chadwick House Expenses</b>		
68010	Rent	12,000	
68003	Cox Cable	0	
68004	City of Pensacola - Gas	1,865	
68005	FPL Electric	2,200	
68006	ECUA	2,215	
68008	Bldg. & Grounds	250	
<b>68000</b>	<b>Total Chadwick House Expenses</b>	<b>18,530</b>	
<b>69000</b>	<b>Misc Expense</b>		
69000	Miscellaneous Expenses	1,000	
69010	Discretionary	2,500	
<b>69000</b>	<b>Total Misc. Expenses</b>	<b>3,500</b>	
<b>69100</b>	<b>Capital Improvement/Renovation</b>		
69101	South Wing Renovation Expense	500,000	
69102	HVAC	0	
69103	Cap Imp - Dining Hall	0	
69105	Cap Imp - Other	0	
69104	Safe & Secure Project	0	
<b>69100</b>	<b>Total Capital Improvement/Reno</b>	<b>500,000</b>	
<b>70000</b>	<b>In-Kind Expenses</b>		
70005	In-Kind Vehicles	0	
70006	In-Kind Shelter Room Sponsorships	0	
70007	In-Kind Shelter Daily Operations	0	
70008	In-Kind Bike	0	
70009	In-Kind Kitchen Equip & Maint	0	
70010	In-Kind Food	157,000	
70011	In-Kind Furniture	0	
<b>70000</b>	<b>Total In-Kind Expenses</b>	<b>157,000</b>	

90000	Total Expenses	1,059,337	
95000	Net Income/(Deficit)	404,581	



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 30 2008

PENSACOLA UNITED METHODIST  
COMMUNITY MINISTRIES INC  
2600 W STRONG ST  
PENSACOLA, FL 32505

Employer Identification Number:  
61-1523951  
DLE:  
17053235348018  
Contact Person:  
JOAN C KISSER ID# 11217  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
179(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
April 13, 2006  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CS)

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Pensacola United Methodist Community Ministries, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above. <b>dba Bright Bridge Ministry</b>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) <b>501C</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>2600 W Strong Street</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Pensacola, FL 32505-7129</b>		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

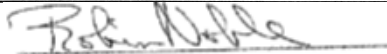
<b>Social security number</b>									
			-						
<b>or</b>									
<b>Employer identification number</b>									
6	1	-	1	5	2	3	9	5	1

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person 
------------------	---

Date **7/10/24**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022****Open to Public Inspection**

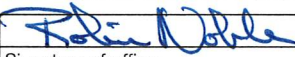
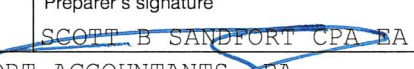
<b>A</b> For the 2022 calendar year, or tax year beginning , 2022, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES</b> Doing business as <b>BRIGHT BRIDGE MINISTRIES</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2600 W. STRONG STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>PENSACOLA, FL 32505</b>
	<b>D</b> Employer identification number <b>61-1523951</b>
	<b>E</b> Telephone number <b>(850) 430-4300</b>
	<b>G</b> Gross receipts \$ <b>1,273,791.</b>
	<b>F</b> Name and address of principal officer: <b>ROBIN NOBLE, 2600 W. STRONG STREET, PENSACOLA, FL 32505</b>
<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(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>J</b> Website: <b>PENSACOLAFRESHSTART.ORG</b>	<b>H(c)</b> Group exemption number
<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: <b>2006</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE SERVICES AND PROGRAMS TO MEET THE NEEDS OF THE POOR, HOMELESS, AND DISADVANTAGED INDIVIDUALS AND FAMILIES RESIDING IN THE COMMUNITY. TO PROVIDE BASIC HUMAN NEEDS OF FOOD, CLOTHING, AND MINISTERING.</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>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . . . .	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	<b>5,200.</b>	
<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) . . . . .	<b>599,276.</b>	<b>1,195,665.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>89,029.</b>	<b>78,126.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>766.</b>	<b>16,088.</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<b>16,088.</b>	<b>705,159.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<b>705,159.</b>	<b>1,273,791.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<b>0.</b>	<b>100,372.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<b>100,372.</b>	<b>73,136.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) . . . . .	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<b>0.</b>	<b>541,103.</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<b>541,103.</b>	<b>1,245,335.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<b>641,475.</b>	<b>1,318,471.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>63,684.</b>	<b>-44,680.</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<b>453,591.</b>	<b>410,393.</b>
		<b>150,719.</b>	<b>149,624.</b>
	<b>302,872.</b>	<b>260,769.</b>	

**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>		<b>03/01/2023</b>			
	Signature of officer <b>ROBIN NOBLE, EXECUTIVE DIRECTOR</b>	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT B SANDFORT CPA EA</b>	Preparer's signature 	Date <b>05/22/2023</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00411431</b>
	Firm's name <b>BASS &amp; SANDFORT ACCOUNTANTS, PA.</b>	Firm's EIN <b>59-2981831</b>			
	Firm's address <b>1301 W. GARDEN ST., PENSACOLA, FL 32502</b>	Phone no. <b>(850) 434-5899</b>			
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 04/29/23 PRO

Form **990** (2022)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO PROVIDE SERVICES AND PROGRAMS TO MEET THE NEEDS OF THE POOR,  
HOMELESS, AND DISADVANTAGED INDIVIDUALS AND FAMILIES RESIDING IN THE  
COMMUNITY. TO PROVIDE BASIC HUMAN NEEDS OF FOOD, CLOTHING, TRANSITIONAL  
AND EMERGENCY SHELTER.

**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 \$ 1,318,471. including grants of \$ 20,000. ) (Revenue \$ 1,278,990. )

THE MINISTRIES PURPOSE IS TO PROVIDE SERVICES AND PROGRAMS TO MEET THE NEEDS OF THE POOR, THE  
HOMELESS, AND DISADVANTAGED INDIVIDUALS AND FAMILIES RESIDING IN THE COMMUNITY. THE MINISTRIES  
PROVIDE THE BASIC HUMAN NEEDS OF FOOD, CLOTHING, AND BY MINISTERING TO THE EMOTIONAL,  
PSYCHOLOGICAL, AND SPIRITUAL NEEDS OF THE INDIVIDUALS, AND FAMILIES.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 1,318,471.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <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? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .	<b>17</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> <input type="checkbox"/>	<input type="checkbox"/>
<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? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>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>25b</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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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</b> <b>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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	16	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



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

		Yes	No
<b>2a</b>	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	<b>2a</b>	4
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<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?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	12	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .			12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .			12		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .					X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .					X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .					X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .					X
<b>6</b> Did the organization have members or stockholders? . . . . .					X
<b>7a</b> 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? . . . . .					X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .					X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body? . . . . .				X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .				X	
<b>9</b> 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 on Schedule O . . . . .					X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> 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? . . . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .		
<b>13</b> Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed FL

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on 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.  
 ROBIN NOBLE, 2600 W. STRONG STREET, PENSACOLA, FL 32505 (850)430-4300



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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☒ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DIXON MOSELEY TREASURER	1.00			X						
(2) WHITNEY SANDERS SECRETARY	1.00			X						
(3) REV. DR. HENRY ROBERTS CHAIRPERSON	1.00			X						
(4) JERRY PETERS DIRECTOR	1.00	X								
(5) MARCEL DAVIS DIRECTOR	1.00	X								
(6) REV. GERALD SHELTON DIRECTOR	1.00	X								
(7) MIKE MOSER DIRECTOR	1.00	X								
(8) CHARLIE MARTIN DIRECTOR	1.00	X								
(9) ROBIN NOBLE EXECUTIVE DIRECTOR	1.00			X						
(10) TOM SHARRON DIRECTOR	1.00	X								
(11) RALPH LOCKHART DIRECTOR	1.00	X								
(12) MARK LABRANCH DIRECTOR	1.00	X								
(13) GEOFF COOK DIRECTOR	1.00	X								
(14)										

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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

**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>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,195,665.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 124,833.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,195,665.				
<b>Program Service Revenue</b>				Business Code				
	<b>2a</b>	. . . . .			813219	0.	0.	0.
	<b>b</b>	. . . . .						
	<b>c</b>	. . . . .						
	<b>d</b>	. . . . .						
	<b>e</b>	. . . . .						
	<b>f</b>	All other program service revenue . . . . .			78,126.	78,126.	0.	0.
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			78,126.				
<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>6a</b>	Gross rents . . . . .	(i) Real					
			(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</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>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . .						
	<b>8a</b>	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .						
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	. . . . .						
	<b>b</b>	. . . . .						
	<b>c</b>	. . . . .						
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .							
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			1,273,791.	78,126.	0.	0.	

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	40,290.	40,290.	0.	0.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	28,000.	28,000.	0.	0.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	4,846.	4,846.	0.	0.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	7,700.	7,700.	0.	0.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	14,032.	14,032.	0.	0.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	10,311.	10,311.	0.	0.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses	1,213,292.	1,213,292.	0.	0.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,318,471.	1,318,471.	0.	0.
<b>26</b> <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)				

**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>	<b>1</b> Cash—non-interest-bearing . . . . .	453,591.	<b>1</b>	410,393.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	453,591.	<b>16</b>	410,393.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,360.	<b>17</b>	1,006.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	149,359.	<b>23</b>	148,618.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	150,719.	<b>26</b>	149,624.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	302,872.	<b>27</b>	260,769.
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances.</b> . . . . .	302,872.	<b>32</b>	260,769.
<b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	453,591.	<b>33</b>	410,393.	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,273,791.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,318,471.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-44,680.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	302,872.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	258,192.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits.		

REV 04/29/23 PRO

Form **990** (2022)

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES

Employer identification number

61-1523951

**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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 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>						

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

Cat. No. 11285F

Schedule A (Form 990) 2022

REV 04/29/23 PRO

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	246,354.	196,457.	202,886.	508,062.	1,076,032.	2,229,791.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	246,354.	196,457.	202,886.	508,062.	1,076,032.	2,229,791.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						2,229,791.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	246,354.	196,457.	202,886.	508,062.	1,076,032.	2,229,791.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	169.	194.	159.	776.	0.	1,298.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	25,420.	18,858.	24,486.	19,865.	202,958.	291,587.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						2,522,676.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 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**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	88.39 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	91.93 %
<b>16a 33 1/3% support test—2022.</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—2021.</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"/>		
<b>17a 10%-facts-and-circumstances test—2022.</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—2021.</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"/>		
<b>18 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"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 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>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support tests—2021.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C—Distributable Amount			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			

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

Pt II Ln 10: Other Income Part II, Line 10 Description: OTHER INCOME 2018: 25420.

2019: 18858. 2020: 24486. 2021: 19865. 2022: 202958.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES

61-1523951

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	124833	124,833.	
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( ) . . . . .				
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES

Employer identification number

61-1523951

Pt VI, Line 15a: THE BOARD OF DIRECTORS DETERMINED THE EXECUTIVE DIRECTOR COMPENSTION

Pt VI, Line 15b: THE BOARD OF DIRECTORS DETERMINED THE EXECUTIVE DIRECTOR COMPENSTION

Pt VI, Line 11b: THE EXECUTIVE DIRECTOR LOOKS AT FORM 990

Pt IX, Line 24e:

Description: MINISTRY PROGRAM EXPENSES

Total: \$117,315

Program services: \$117,315

Management and general: \$0

Fundraising: \$0

Description: VEHICLE MAINTENANCE

Total: \$3,022

Program services: \$3,022

Management and general: \$0

Fundraising: \$0

Description: FOOD SERVICES

Total: \$229,973

Program services: \$229,973

Management and general: \$0

Fundraising: \$0

Description: CUSTODIAL AND BUILDING MAINTENANCE

Total: \$591,486

Program services: \$591,486

Management and general: \$0

Fundraising: \$0

Description: OTHER MINISTRY PROGRAMS

Name of the organization

PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES

Employer identification number

61-1523951

Total: \$146,663

Program services: \$146,663

Management and general: \$0

Fundraising: \$0

Description: IN-KIND EXPENSE

Total: \$124,833

Program services: \$124,833

Management and general: \$0

Fundraising: \$0

teew1601.SCR 02/02/21

990EF	EF Transmission Status (Keep for your records)	2023																																																																													
Name(s) as shown on return Pensacola United Methodist Community Ministries In		EIN number 61-1523951																																																																													
<p>The following will be transmitted to the IRS.</p> <div><input checked="" type="checkbox"/> 990    <input type="checkbox"/> 990-T    <input type="checkbox"/> Amended 990    <input type="checkbox"/> Amended 990-T</div> <div><input type="checkbox"/> 8868    <input type="checkbox"/> 4720    <input type="checkbox"/> FinCEN 114</div>																																																																															
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<p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																																																															
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**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2023**

Name(s) as shown on return

**Pensacola United Methodist Community Ministries In**

Tax ID Number

**\*\*-\*\*\*3951**

Entity address

**2600 W Strong Street**

**Pensacola, FL 32505**

**Thank you for participating in IRS e-file.**

1. ☒ 2023 **8868-01** income tax return for **Federal** was filed electronically.  
The electronic filing services were provided by **Kim K. Enikeieff, CPA**.
2. ☒ **8868-01** income tax return was accepted on **05-07-2024** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is **5985432024128jlamhbu**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

## 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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

<b>A</b> For the 2023 calendar year, or tax year beginning , 2023, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Pensacola United Methodist Community Ministries</b> Doing business as <b>Bright Bridge Ministries</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2600 W Strong Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Pensacola, FL 32505</b> <b>D</b> Employer identification number <b>61-1523951</b> <b>E</b> Telephone number <b>(850) 454-7652</b> <b>G</b> Gross receipts \$ <b>1,102,556</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number <b>F</b> Name and address of principal officer: <b>Robin Noble</b> <b>Same as C above</b> <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>J</b> Website: <b>brightbridgeministry.org</b> <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: <b>2006</b> <b>M</b> State of legal domicile: <b>FL</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The purpose of the Organization is to provide services and programs to meet the needs of the poor, the homeless and disadvantaged individuals and families residing in Escambia County, Florida. This is done by providing food, clothing and ministering to their spiritual needs.</b>		
	<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>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,195,665</b>	<b>Current Year</b> <b>935,225</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>78,126</b>	<b>158,154</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>7,511</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>1,666</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,273,791</b>	<b>1,102,556</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>73,136</b>	<b>118,426</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,245,335</b>	<b>695,561</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,318,471</b>	<b>813,987</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(44,680)</b>	<b>288,569</b>
	Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>410,393</b>
<b>21</b> Total liabilities (Part X, line 26)		<b>149,624</b>	<b>147,595</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>260,769</b>	<b>551,469</b>

## 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.

Sign Here	<b>Robin Noble</b>				
	Signature of officer	Date			
	<b>Robin Noble, Executive Director</b>				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<b>Kim K. Enikeieff</b>	<b>Kim K. Enikeieff</b>	<b>09-29-2024</b>		<b>P00989337</b>
	Firm's name	<b>Kim K. Enikeieff, CPA</b>	Firm's EIN		
	Firm's address	<b>PO Box 8754</b> <b>Mobile AL 36689</b>	Phone no.	<b>251-591-1357</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

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 purpose of the Organization is to provide services and programs to meet the needs of the poor, the homeless and disadvantaged individuals and families residing in Escambia County, Florida. This is done by providing food, clothing and ministering to their spiritual needs.

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 X 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 X 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 \$ 423,483 including grants of \$ ) (Revenue \$ 158,154 ) The goal of the Organization's shelter program is to move men from crisis (homelessness) to stability, providing accountability, structure and affordable housing to enable them to save their money for their own stable housing. Men must remain drug and alcohol free, in a life skills or recovery program and employed.

4b (Code: ) (Expenses \$ 290,937 including grants of \$ ) (Revenue \$ ) Every Monday to Friday the Organization provides healthy, hearty meals to those struggling with homelessness and food insecurity. The Organization assists individuals with mail service, hygiene products, education classes and recovery group meetings.

4c (Code: ) (Expenses \$ 21,315 including grants of \$ ) (Revenue \$ ) Spreading the word is part of the mission of the Organization to help those in need become contributing members of society, leading lives they are proud of. The Organization is a nonprofit, faith-based ministry dedicated to providing support and resources to those in need, the Organization offers food, recovery services, housing and spiritual guidance.

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

4e Total program service expenses 735,735

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule C, Part II. . . . .		<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. . . . .		<input checked="" type="checkbox"/>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .		<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VI . . . . .		<input checked="" type="checkbox"/>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VIII . . . . .		<input checked="" type="checkbox"/>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		<input checked="" type="checkbox"/>
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)? If "Yes," complete Schedule D, Part X. . . . .		<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input checked="" type="checkbox"/>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		<input checked="" type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .		<input checked="" type="checkbox"/>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .		<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .		<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21	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? If "Yes," complete Schedule I, Parts I and II . . . . .		<input checked="" type="checkbox"/>



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

	Yes	No
<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>		<b>x</b>
<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>		<b>x</b>
<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>		<b>x</b>
<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</b> <b>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>		<b>x</b>
<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>		<b>x</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		<b>x</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		<b>x</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		<b>x</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		<b>x</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		<b>x</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	<b>x</b>	
<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>		<b>x</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<b>x</b>
<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>		<b>x</b>
<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>		<b>x</b>
<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>		<b>x</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>x</b>
<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>x</b>
<b>36</b> <b>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>		<b>x</b>
<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>		<b>x</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>x</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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	<b>29</b>	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>0</b>	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>x</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
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? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
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? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
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 . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	17			

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		X
6	Did the organization have members or stockholders? . . . . .	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body? . . . . .	8a	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X	
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 on Schedule O . . . . .	9		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b	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? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
b	Describe on 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. . . . .	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	12c	X
13	Did the organization have a written whistleblower policy? . . . . .	13	X
14	Did the organization have a written document retention and destruction policy? . . . . .	14	X
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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	X
b	Other officers or key employees of the organization . . . . .	15b	X
	If "Yes" to line 15a or 15b, describe the process on 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? . . . . .	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**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 (1024 or 1024-A, 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 ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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.

Robin Noble (850)454-7652, 2600 W Strong Street, Pensacola, FL 32505

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) Robin Noble Executive Director	40.00			X				42,694	0	0
(2) Gerald Shelton Director	1.00	X						0	0	0
(3) Marcel Davis Vice President	1.00	X						0	0	0
(4) Henry Roberts Director	1.00	X						0	0	0
(5) Ralph Lockhart Director	1.00	X						0	0	0
(6) Geoff Cook Director	1.00	X						0	0	0
(7) Jerry Peters Director	1.00	X						0	0	0
(8) Mike Moser Director	1.00	X						0	0	0
(9) Charlie Martin Director	1.00	X						0	0	0
(10) Tom Sharron President	1.00	X		X				0	0	0
(11) Whitney Sanders Secretary	1.00	X		X				0	0	0
(12) Dixon Moseley Treasurer	1.00	X		X				0	0	0
(13)										
(14)										

**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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
<b>1b Subtotal</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>								<b>42,694</b>	<b>0</b>	<b>0</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		<b>x</b>
<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> . . . . .		<b>x</b>
<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> . . . . .		<b>x</b>

**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

**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	34,780			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	309,296			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	591,149			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 112,497			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		935,225			
Program Service Revenue				Business Code			
	<b>2a</b>	<b>Residential income</b>		721310	158,154	158,154	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		158,154			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			7,511	7,511	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal		
	<b>b</b>	Less: rental expenses . .	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory . .	<b>7a</b>	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue				Business Code			
	<b>11a</b>	<b>Other income</b>		900099	1,666	1,666	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,666			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			1,102,556	167,331	0	0

**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 ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	42,694	19,212	23,482	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	70,350	58,537	11,813	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	5,382	3,702	1,680	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	7,200		7,200	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17. .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .	231,259	231,259		
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	11,538	5,382	6,156	
<b>14</b> Information technology . . . . .	4,119	959	3,160	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	225,212	225,212		
<b>17</b> Travel . . . . .	7	7		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	4,369		4,369	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	8,919		8,919	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> Food . . . . .	184,613	184,613		
<b>b</b> Miscellaneous . . . . .	10,250		10,250	
<b>c</b> Program expenses . . . . .	6,516	6,516		
<b>d</b> Taxes and licenses . . . . .	1,559	336	1,223	
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e. .	813,987	735,735	78,252	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	410,393	<b>1</b>	491,892
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities		<b>11</b>	207,172
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	410,393	<b>16</b>	699,064	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,006	<b>17</b>	1,513
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	148,618	<b>23</b>	146,082
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	149,624	<b>26</b>	147,595
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	260,769	<b>27</b>	551,469
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b>	260,769	<b>32</b>	551,469
<b>33</b> <b>Total liabilities and net assets/fund balances</b>	410,393	<b>33</b>	699,064	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,102,556
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	813,987
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	288,569
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	260,769
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	2,131
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	551,469

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits . . . . .		

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Pensacola United Methodist Community Ministries Inc

61-1523951

**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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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>						

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

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	196,457	202,886	508,062	1,195,665	935,225	3,038,295
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	196,457	202,886	508,062	1,195,665	935,225	3,038,295
<b>5</b> 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) . . . . .						23,576
<b>6 Public support.</b> Subtract line 5 from line 4.						3,014,719

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	196,457	202,886	508,062	1,195,665	935,225	3,038,295
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	194	159	776		7,511	8,640
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	18,858	24,486	19,865	78,126	159,820	301,155
<b>11 Total support.</b> Add lines 7 through 10						3,348,090
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 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**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	90.04 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.39 %
<b>16a 33 1/3% support test - 2023.</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 - 2022.</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"/>		
<b>17a 10%-facts-and-circumstances test - 2023.</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 - 2022.</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"/>		
<b>18 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"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>
<b>2a</b>		
<b>b</b>		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>
<b>3a</b>		
<b>b</b>		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018 . . . . .			
b From 2019 . . . . .			
c From 2020 . . . . .			
d From 2021 . . . . .			
e From 2022 . . . . .			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . . .			
b Excess from 2020 . . . .			
c Excess from 2021 . . . .			
d Excess from 2022 . . . .			
e Excess from 2023 . . . .			



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

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**Pensacola United Methodist Community Ministries In**

Employer identification number

**61-1523951**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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**

- ☒ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Pensacola United Methodist Community Ministries Inc**

**61-1523951**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . \$ \_\_\_\_\_

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

Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? . . . . .

(ii) Related organizations? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B). . . . .

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col.(B)). . . . .		

**Part VIII Investments - Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Pensacola United Methodist Community Ministries In**

**61-1523951**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	56,248	112,497	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

**Pensacola United Methodist Community Ministries In**

Employer identification number

**61-1523951****01. Form 990 governing body review (Part VI, line 11)**

The Form 990 and the required schedules were provided to the Board of Directors  
electronically for their review prior to the return being filed.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

The Organization, on an annual basis, asks each member of the Board of Directors to review  
the Conflict of Interest Policy to verify that they do not have any conflicts of interest  
with the Organization.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

The compensation of the Executive Director was reviewed by the Budget and Finance  
Committee and approved by the Board of Directors as part of the annual budget.

**04. Form 990 availability to public (Part VI, line 18)**

The Organization's Form 990 will be mailed to anyone who requests a copy of this form.

**05. Governing documents, etc, available to public (Part VI, line 19)**

The Organization's governing documents, Conflict of Interest Policy, Audited Financial  
Statements and the Form 990 are made available to anyone who requests the documents.

**06. List of other fees for services expenses (Part IX, line 11g)**

Contract labor      \$ 81,259

Case workers          150,000

Total                      \$231,259



**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning , 2023, and ending , 20

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2023**

Name of filer

EIN or SSN

**Pensacola United Methodist Community Ministries In****61-1523951**

Name and title of officer or person subject to tax

**Robin Noble, Executive Director****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

<b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . <b>1b</b> <u>1,102,556</u>
<b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . . <b>2b</b> _____
<b>3a</b> Form 1120-POL check here. . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . . <b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5). . . . . <b>4b</b> _____
<b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c). . . . . <b>5b</b> _____
<b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . . <b>6b</b> _____
<b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1). . . . . <b>7b</b> _____
<b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . . <b>8b</b> _____
<b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19). . . . . <b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . <b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **Kim K. Enikeieff, CPA** to enter my PIN **32561** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

Date **09-28-2024****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.

**598543 32561****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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 **Kim K. Enikeieff**Date **09-29-2024**

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

**For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

EEA

Form **8879-TE** (2023)

Form 990  
Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

2023

Name(s) as shown on return

(This page is not filed with the return. It is for your records only.)

Tax ID Number

Pensacola United Methodist Community Ministries In

61-1523951

2% of the amount on Schedule A, Part II, line 11, column (f)

66,962

Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
United Way					34,780	34,780	
Lillian Methodist Church					50,610	50,610	
D.W. McMillan Foundation					40,000	40,000	
Bright Bridge Foundation, Inc.					80,000	80,000	13,038
Christopher Porter					77,500	77,500	10,538
Total							23,576

**FOR TAX YEAR 2023**

PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES IN

Kim K. Enikeieff, CPA

PO Box 8754

Mobile, AL 36689

(251)591-1357

**2023 Filing Instructions**  
**Pensacola United Methodist Community Ministries In**  
**Tax year ending 12-31-2023**

**Form filed:**

Form 990 and supplemental forms and schedules

**Filing method:**

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

**Due date:**

05-15-2024

**The return reflects neither a refund nor a balance due.**

**Please note:**

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

# Kim K. Enikeieff, CPA

PO Box 8754  
Mobile, AL 36689  
kenikeieff@gmail.com  
Phone: (251)591-1357 | Fax:

September 29, 2024

Pensacola United Methodist Community Ministries In  
2600 W Strong Street  
Pensacola, FL 32505

Subject: Preparation of 2023 Tax Returns

Pensacola United Methodist Community Ministries In:

Thank you for choosing Kim K. Enikeieff, CPA to assist with the 2023 taxes for Pensacola United Methodist Community Ministries In. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for Pensacola United Methodist Community Ministries In. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Pensacola United Methodist Community Ministries In, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff  
Kim K. Enikeieff, CPA

Accepted By:

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Date

# Kim K. Enikeieff, CPA

PO Box 8754  
Mobile, AL 36689  
kenikeieff@gmail.com  
Phone: (251)591-1357 | Fax:

September 29, 2024

Pensacola United Methodist Community Ministries In  
Bright Bridge Ministries  
2600 W Strong Street  
Pensacola, FL 32505

Pensacola United Methodist Community Ministries In:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Pensacola United Methodist Community Ministries In from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff  
Kim K. Enikeieff, CPA

# Kim K. Enikeieff, CPA

PO Box 8754  
Mobile, AL 36689  
kenikeieff@gmail.com  
Phone: (251)591-1357 | Fax:

September 29, 2024

Pensacola United Methodist Community Ministries In  
2600 W Strong Street  
Pensacola, FL 32505

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (251)591-1357.

Sincerely,

Kim K. Enikeieff  
Kim K. Enikeieff, CPA



# Kim K. Enikeieff, CPA

PO Box 8754  
Mobile, AL 36689  
kenikeieff@gmail.com  
Phone: (251)591-1357 | Fax:

Customer Name	Customer Information	
Pensacola United Methodist Community Ministries In Bright Bridge Ministries 2600 W Strong Street Pensacola, FL 32505	Invoice #:	
	Date:	September 29, 2024
	Phone:	(850)454-7652
	E-mail:	

Your 2023 tax return was prepared by Kim K. Enikeieff.

Description	Fee
<b>Federal And Supplemental Forms</b>	
Form 990	Return of Org Exempt from Income Tax, page 1
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8
Schedule B	Schedule of Contributors, page 1
Schedule B pg 2	Schedule of Contributors, page 2
Schedule B pg 2	Schedule of Contributors, page 2
Schedule D	Supplemental Financial Statement, page 1
Schedule D pg 2	Supplemental Financial Statement, page 2
Schedule D pg 3	Supplemental Financial Statement, page 3
Schedule D pg 4	Supplemental Financial Statement, page 4
Schedule M	Non-Cash Contributions, page 1
Schedule O	Supplemental Information, page 1
Form 8879-TE	E-file Signature Authorization for Tax Exempt
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors
EF Notice	General Information for Electronic Filing

**PENSACOLA UNITED METHODIST  
COMMUNITY MINISTRIES, INC.  
FINANCIAL REPORT  
DECEMBER 31, 2022**

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**Kim K. Enikeieff**  
**Certified Public Accountant**  
**Post Office Box 8754**  
**Mobile, Alabama 36689**  
**Telephone 251.591.1357**

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Pensacola United Methodist Community Ministries, Inc.  
Pensacola, Florida

**Report on the Audit of the Financial Statements**

**Opinion**

I have audited the accompanying financial statements of Pensacola United Methodist Community Ministries, Inc. (a nonprofit organization), which comprise the statement of assets, liabilities, and net assets – modified cash basis as of December 31, 2022, and the related statements of support, revenues, expenses and change in net assets – modified cash basis, functional expenses – modified cash basis and cash flows – modified cash basis for the year then ended, and the related notes to the financial statements.

In my opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of Pensacola United Methodist Community Ministries, Inc. as of December 31, 2022, and its support, revenue, and expenses for the year then ended in accordance with the modified cash basis of accounting as described in Note 2.

**Basis for Opinion**

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Pensacola United Methodist Community Ministries, Inc. and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audit. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

**Other Matter**

The financial statements of Pensacola United Methodist Community Ministries, Inc. for the year ended December 31, 2021, were audited by another auditor who expressed an unmodified opinion on those statements on May 20, 2022.

**Basis of Accounting**

I draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. My opinion is not modified with respect to this matter.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pensacola United Methodist Community Ministries, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pensacola United Methodist Community Ministries, Inc.'s ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

*Kim K. Enikeieff*

January 12, 2024

**PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.**

**STATEMENTS OF ASSETS, LIABILITIES AND NET ASSETS  
MODIFIED CASH BASIS**

**December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
<b>ASSETS</b>		
Current assets		
Cash	\$ 413,709	\$ 453,591
Total current assets	<u>413,709</u>	<u>453,591</u>
Total assets	<u><u>\$ 413,709</u></u>	<u><u>\$ 453,591</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Payroll liabilities	\$ 1,404	\$ 1,360
Current maturities of note payable	<u>3,629</u>	<u>-</u>
Total current liabilities	<u>5,033</u>	<u>1,360</u>
Note payable, long term	<u>145,776</u>	<u>149,359</u>
Total liabilities	<u>150,809</u>	<u>150,719</u>
Net assets		
Without donor restrictions		
Undesignated	262,900	302,872
Board designated	<u>-</u>	<u>-</u>
Total without donor restrictions	262,900	302,872
With donor restrictions	<u>-</u>	<u>-</u>
Total net assets	<u>262,900</u>	<u>302,872</u>
Total liabilities and net assets	<u><u>\$ 413,709</u></u>	<u><u>\$ 453,591</u></u>

See notes to financial statements.

**PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.**

**STATEMENTS OF SUPPORT, REVENUES, EXPENSE AND CHANGES IN NET ASSETS  
MODIFIED CASH BASIS**

**For the Years Ended December 31, 2022 and 2021**

	Without Donor Restrictions	With Donor Restrictions	2022 Total	Without Donor Restrictions	With Donor Restrictions	2021 Total
Support and revenue						
Grants	548,215	-	548,215	356,957	-	356,957
Contributions	381,661	-	381,661	150,329	-	150,329
Ministries program	9,465	-	9,465	4,607	-	4,607
Reentry Alliance Pensacola	84,385	-	84,385	22,406	-	22,406
Residential income	71,869	-	71,869	62,016	-	62,016
In-kind donations	135,213	-	135,213	91,213	-	91,213
Other	8,057	-	8,057	19,865	-	19,865
Interest income	686	-	686	776	-	776
Total support and revenue	<u>1,239,551</u>	<u>-</u>	<u>1,239,551</u>	<u>708,169</u>	<u>-</u>	<u>708,169</u>
Net assets released from restrictions and transfers	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total support and revenue	<u>1,239,551</u>	<u>-</u>	<u>1,239,551</u>	<u>708,169</u>	<u>-</u>	<u>708,169</u>
Expenses						
Food program	396,030	-	396,030	314,454	-	314,454
Housing program	802,177	-	802,177	266,658	-	266,658
Spreading the Word	19,783	-	19,783	10,789	-	10,789
Management and general	61,533	-	61,533	52,574	-	52,574
Total expenses	<u>1,279,523</u>	<u>-</u>	<u>1,279,523</u>	<u>644,475</u>	<u>-</u>	<u>644,475</u>
Change in net assets	(39,972)	-	(39,972)	63,694	-	63,694
Net assets, beginning of year	<u>302,872</u>	<u>-</u>	<u>302,872</u>	<u>239,178</u>	<u>-</u>	<u>239,178</u>
Net assets, end of year	<u>\$ 262,900</u>	<u>\$ -</u>	<u>\$ 262,900</u>	<u>\$ 302,872</u>	<u>\$ -</u>	<u>\$ 302,872</u>

See notes to financial statements.

**STATEMENTS OF FUNCTIONAL EXPENSES**  
**MODIFIED CASH BASIS**  
**For the Years Ended December 31, 2022 and 2021**

See notes to financial statements.



**PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.**

**STATEMENTS OF CASH FLOWS  
MODIFIED CASH BASIS  
For the Years Ended December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (39,972)	\$ 63,694
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Increase (decrease) in:		
Payroll liabilities	<u>44</u>	<u>(679)</u>
Net cash (used) provided by operating activities	<u>(39,928)</u>	<u>63,015</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal payments on notes payable	<u>46</u>	<u>(641)</u>
Net cash provided (used) by investing activities	<u>46</u>	<u>(641)</u>
Net (decrease) increase in cash	(39,882)	62,374
Cash, beginning of year	<u>453,591</u>	<u>391,217</u>
Cash, end of year	<u><u>\$ 413,709</u></u>	<u><u>\$ 453,591</u></u>
Supplemental disclosures:		
Income taxes paid	<u><u>\$ 1,358</u></u>	<u><u>\$ -</u></u>
Interest paid	<u><u>\$ 687</u></u>	<u><u>\$ -</u></u>

See notes to financial statements.

## **NOTES TO FINANCIAL STATEMENTS**

### **Organization**

Pensacola United Methodist Community Ministries, Inc., (the "Ministry") was incorporated on April 13, 2006 in the State of Florida. The purpose of the Ministry is to provide services and programs to meet the needs of the poor, the homeless and disadvantaged individuals and families residing in Escambia County, Florida. This is accomplished by providing basic human needs of food, clothing, and by ministering to the emotional, psychological, and spiritual needs of individuals and families. The Ministry is supported primarily through other Methodist churches, contributions, grants, the United Way, and program fees.

### **Summary of Significant Accounting Policies**

#### **Basis of accounting**

The financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. That basis differs from generally accepted accounting principles in that revenues, including primarily contributions, are recognized when received instead of when promised and expenses are recognized when cash is disbursed rather than when the obligation is incurred.

#### **Method of accounting**

The Ministry uses the fund method of organizing its books of account. Each fund is considered to be a separate accounting entity. The books are maintained on the modified cash basis of accounting.

#### **Financial statement presentation and contributions**

The Ministry is required to report information regarding its financial position and activities according to two classes of net assets: with donor restrictions and without donor restrictions.

Contributions received are recorded as without donor restrictions or with donor restrictions depending on the existence and or nature of any restrictions. Contributions for which donors have imposed restrictions, which limit the use of the donated assets, are reported as support with donor restrictions if the restrictions are not met in the same reporting period. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Program service expenses consist of direct program costs.

#### **Cash and cash equivalents**

The Ministry considers certificates of deposit and all highly liquid instruments purchased with an original maturity of three months or less to be cash equivalents.

## Summary of Significant Accounting Policies (Continued)

### Income taxes

Income taxes are not provided for in the financial statements since the Ministry is exempt from federal and state income taxes under section 501 (c)(3) of the Internal Revenue Code and similar state provisions. The Organization is not classified as a private foundation.

The Ministry is required to report unrelated business income to the Internal Revenue Service and the appropriate state taxing authorities.

A policy for accounting for uncertainty in income taxes was adopted in prior years that require the Ministry to determine whether it is more likely than not that a tax position will be sustained upon examination based on the technical merits of the position. The Ministry has no uncertain tax positions that qualified for either recognition or disclosure in the financial statements at December 31, 2022 or December 31, 2021.

### Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### Cost allocation

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include compensation and benefits, which are allocated on the basis of estimates of time and effort, as well as depreciation, occupancy and telephone costs which are allocated based on the ratio of program revenue to total revenue.

### Subsequent events

The Ministry has evaluated subsequent events through January 12, 2024, the date which the financial statements were available to be issued.

### Liquidity and Availability of Financial Assets

The following reflects the Ministry's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date.

	2022	2021
	<hr/>	<hr/>
Financial assets at year-end	\$ 413,709	\$ 453,591
Less those unavailable for general expenditures within one year, due to:		
	<hr/>	<hr/>
Financial assets available to meet cash needs for general expenditures within one year	\$ 413,709	\$ 453,591

## Note Payable

Note payable consists of the following at December 31:

	<u>2022</u>	<u>2021</u>
Note payable to the US Small Business Administration, authorized under the terms of an Economic Injury Disaster Loan, due in monthly installments of \$641 beginning December 8, 2022, have been deferred for 24 months, including interest at an annual rate of 2.75% through November 8, 2050. The note is secured by deposit accounts, accounts receivable and equipment. The amount of the accrued interest payable as of December 31, 2022 is approximately \$10,300.	<u>\$ 149,405</u>	<u>\$ 149,359</u>
Total	149,405	149,359
Less current maturities of note payable	<u>(3,629)</u>	<u>-</u>
Long-term debt	<u><u>\$ 145,776</u></u>	<u><u>\$ 149,359</u></u>

Aggregate maturities or payments required on principal under the note payable for each of the succeeding years is as follows:

2023	\$ 3,629
2024	3,730
2025	3,834
2026	3,941
2027	4,050
Thereafter	<u>130,221</u>
Total	<u><u>\$ 149,405</u></u>

## Lease

The Chadwick House Ministries, a ministry of Pensacola United Methodist Community Ministries, Inc., paid an affiliated Church rent and utilities of \$19,989 and 21,295 in 2022 and 2021, respectively, for a residential facility. The lease is a year-to-year lease.

## Related Party Transactions

The Ministry pays an affiliated Church rents and utilities for office space, kitchen use, and residential facilities on a year-to-year basis.

**PENSACOLA UNITED METHODIST  
COMMUNITY MINISTRIES, INC.  
FINANCIAL REPORT  
DECEMBER 31, 2023**

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**Kim K. Enikeieff**  
**Certified Public Accountant**  
**Post Office Box 8754**  
**Mobile, Alabama 36689**  
**Telephone 251.591.1357**

## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Pensacola United Methodist Community Ministries, Inc.  
Pensacola, Florida

### **Report on the Audit of the Financial Statements**

#### **Opinion**

I have audited the accompanying financial statements of Pensacola United Methodist Community Ministries, Inc. (a nonprofit organization), which comprise the statements of assets, liabilities, and net assets – modified cash basis as of December 31, 2023 and 2022, and the related statements of support, revenues, expenses and change in net assets – modified cash basis, functional expenses – modified cash basis and cash flows – modified cash basis for the years then ended, and the related notes to the financial statements.

In my opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of Pensacola United Methodist Community Ministries, Inc. as of December 31, 2023 and 2022, and its support, revenue, and expenses for the years then ended in accordance with the modified cash basis of accounting as described in Note 2.

#### **Basis for Opinion**

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Pensacola United Methodist Community Ministries, Inc. and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### **Basis of Accounting**

I draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. My opinion is not modified with respect to this matter.

#### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pensacola United Methodist Community Ministries, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pensacola United Methodist Community Ministries, Inc.'s ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

*Kim K. Enikeieff*

September 27, 2024



**PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.**

**STATEMENTS OF ASSETS, LIABILITIES AND NET ASSETS  
MODIFIED CASH BASIS**

**December 31, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
<b>ASSETS</b>		
Current assets		
Cash	\$ 491,892	\$ 413,709
Investments	<u>207,172</u>	<u>-</u>
Total current assets	<u>699,064</u>	<u>413,709</u>
Total assets	<u><u>\$ 699,064</u></u>	<u><u>\$ 413,709</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Payroll liabilities	\$ 1,513	\$ 1,404
Current maturities of note payable	<u>3,721</u>	<u>3,629</u>
Total current liabilities	<u>5,234</u>	<u>5,033</u>
Note payable, long term	<u>142,361</u>	<u>145,776</u>
Total liabilities	<u>147,595</u>	<u>150,809</u>
Net assets		
Without donor restrictions		
Undesignated	551,469	262,900
Board designated	<u>-</u>	<u>-</u>
Total without donor restrictions	551,469	262,900
With donor restrictions	<u>-</u>	<u>-</u>
Total net assets	<u>551,469</u>	<u>262,900</u>
Total liabilities and net assets	<u><u>\$ 699,064</u></u>	<u><u>\$ 413,709</u></u>

See notes to financial statements.

**PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.**

**STATEMENTS OF SUPPORT, REVENUES, EXPENSE AND CHANGES IN NET ASSETS  
MODIFIED CASH BASIS**

**For the Years Ended December 31, 2023 and 2022**

	Without Donor Restrictions	With Donor Restrictions	2023 Total	Without Donor Restrictions	With Donor Restrictions	2022 Total
Support and revenue						
Grants	315,387	-	315,387	548,215	-	548,215
Contributions	459,036	-	459,036	342,611	-	342,611
Ministries program	17,765	-	17,765	9,465	-	9,465
Reentry Alliance Pensacola	30,540	-	30,540	84,385	-	84,385
Residential income	158,154	-	158,154	71,869	-	71,869
Insurance proceeds	-	-	-	39,050	-	39,050
In-kind donations	112,497	-	112,497	135,213	-	135,213
Other	1,666	-	1,666	8,057	-	8,057
Interest income	7,511	-	7,511	686	-	686
Total support and revenue	<u>1,102,556</u>	<u>-</u>	<u>1,102,556</u>	<u>1,239,551</u>	<u>-</u>	<u>1,239,551</u>
Net assets released from restrictions and transfers	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total support and revenue	<u>1,102,556</u>	<u>-</u>	<u>1,102,556</u>	<u>1,239,551</u>	<u>-</u>	<u>1,239,551</u>
Expenses						
Food program	290,937	-	290,937	396,030	-	396,030
Shelter program	423,483	-	423,483	802,177	-	802,177
Spreading the Word	21,315	-	21,315	19,783	-	19,783
Management and general	78,252	-	78,252	61,533	-	61,533
Total expenses	<u>813,987</u>	<u>-</u>	<u>813,987</u>	<u>1,279,523</u>	<u>-</u>	<u>1,279,523</u>
Change in net assets	288,569	-	288,569	(39,972)	-	(39,972)
Net assets, beginning of year	<u>262,900</u>	<u>-</u>	<u>262,900</u>	<u>302,872</u>	<u>-</u>	<u>302,872</u>
Net assets, end of year	<u>\$ 551,469</u>	<u>\$ -</u>	<u>\$ 551,469</u>	<u>\$ 262,900</u>	<u>\$ -</u>	<u>\$ 262,900</u>

See notes to financial statements.

PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.

STATEMENTS OF FUNCTIONAL EXPENSES  
MODIFIED CASH BASIS  
For the Years Ended December 31, 2023 and 2022

	2023						2022					
	Food Program	Shelter Program	Spreading the Word	Total Program	Management and General	Total Expenses	Food Program	Shelter Program	Spreading the Word	Total Program	Management and General	Total Expenses
Salaries	\$ 40,862	\$ 20,806	\$ 16,081	\$ 77,749	\$ 35,295	\$ 113,044	\$ 29,471	\$ 17,371	\$ 15,279	\$ 62,121	\$ 33,409	\$ 95,530
Payroll taxes	1,945	991	766	3,702	1,680	5,382	1,478	870	766	3,114	1,675	4,789
Employee benefits	-	-	-	-	-	-	300	750	300	1,350	1,650	3,000
Total personnel	42,807	21,797	16,847	81,451	36,975	118,426	31,249	18,991	16,345	66,585	36,734	103,319
Audit and accounting	-	-	-	-	7,200	7,200	-	-	-	-	7,700	7,700
Contract labor	35,924	45,335	-	81,259	-	81,259	91,291	79,852	-	171,143	-	171,143
Case workers	-	150,000	-	150,000	-	150,000	-	119,848	-	119,848	-	119,848
Drug testing	-	2,368	-	2,368	-	2,368	-	419	-	419	-	419
Food and related supplies	72,116	-	-	72,116	-	72,116	110,081	-	-	110,081	-	110,081
Housing	-	-	-	-	-	-	-	29,344	-	29,344	-	29,344
Hygiene items	186	-	-	186	-	186	1,561	-	-	1,561	-	1,561
Information technology	-	959	-	959	3,160	4,119	-	22,088	-	22,088	51	22,139
Income taxes	-	-	-	-	1,092	1,092	-	-	-	-	1,358	1,358
Insurance	-	-	-	-	8,919	8,919	-	-	-	-	5,435	5,435
Interest expense	-	-	-	-	4,369	4,369	-	-	-	-	687	687
Miscellaneous	-	-	-	-	10,250	10,250	-	1,955	-	1,955	3,429	5,384
Office expense	-	-	-	-	3,129	3,129	-	-	-	-	3,727	3,727
Postage	-	-	-	-	720	720	-	-	-	-	451	451
Professional fees	-	-	-	-	-	-	-	-	-	-	-	-
Program expenses	-	3,004	958	3,962	-	3,962	-	5,106	420	5,526	-	5,526
Rent	-	12,000	-	12,000	-	12,000	-	12,000	-	12,000	-	12,000
Repairs and maintenance	18,044	138,664	-	156,708	-	156,708	18,512	464,644	-	483,156	-	483,156
Taxes and licenses	-	336	-	336	131	467	-	-	-	-	70	70
Telephone and communications	-	3,844	1,538	5,382	2,307	7,689	-	4,243	1,261	5,504	1,891	7,395
Travel	-	7	-	7	-	7	-	1,871	-	1,871	-	1,871
Utilities	9,363	45,169	1,972	56,504	-	56,504	8,123	41,816	1,757	51,696	-	51,696
Total expenses before non cash expenses	178,440	423,483	21,315	623,238	78,252	701,490	260,817	802,177	19,783	1,082,777	61,533	1,144,310
In-kind food	112,497	-	-	112,497	-	112,497	135,213	-	-	135,213	-	135,213
Total expenses	<u>\$ 290,937</u>	<u>\$ 423,483</u>	<u>\$ 21,315</u>	<u>\$ 735,735</u>	<u>\$ 78,252</u>	<u>\$ 813,987</u>	<u>\$ 396,030</u>	<u>\$ 802,177</u>	<u>\$ 19,783</u>	<u>\$ 1,217,990</u>	<u>\$ 61,533</u>	<u>\$ 1,279,523</u>

See notes to financial statements.

**PENSACOLA UNITED METHODIST COMMUNITY MINISTRIES, INC.**

**STATEMENTS OF CASH FLOWS  
MODIFIED CASH BASIS  
For the Years Ended December 31, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 288,569	\$ (39,972)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Net realized (gain) loss on investments	(7,172)	-
Increase (decrease) in:		
Payroll liabilities	<u>109</u>	<u>44</u>
Net cash provided (used) by operating activities	<u>281,506</u>	<u>(39,928)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of investments	<u>(200,000)</u>	<u>-</u>
Net cash (used) provided by investing activities	<u>(200,000)</u>	<u>-</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal payments on notes payable	<u>(3,323)</u>	<u>46</u>
Net cash (used) provided by financing activities	<u>(3,323)</u>	<u>46</u>
Net increase (decrease) in cash	78,183	(39,882)
Cash, beginning of year	<u>413,709</u>	<u>453,591</u>
Cash, end of year	<u><u>\$ 491,892</u></u>	<u><u>\$ 413,709</u></u>
Supplemental disclosures:		
Income taxes paid	<u><u>\$ 1,092</u></u>	<u><u>\$ 1,358</u></u>
Interest paid	<u><u>\$ 4,369</u></u>	<u><u>\$ 687</u></u>

See notes to financial statements.

## **NOTES TO FINANCIAL STATEMENTS**

### **Organization**

Pensacola United Methodist Community Ministries, Inc., (the "Ministry") was incorporated on April 13, 2006 in the State of Florida. The purpose of the Ministry is to provide services and programs to meet the needs of the poor, the homeless and disadvantaged individuals and families residing in Escambia County, Florida. This is accomplished by providing basic human needs of food, clothing, and by ministering to the emotional, psychological, and spiritual needs of individuals and families. The Ministry is supported primarily through other Methodist churches, contributions, grants, the United Way, and program fees.

### **Summary of Significant Accounting Policies**

#### **Basis of accounting**

The financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. That basis differs from generally accepted accounting principles in that revenues, including primarily contributions, are recognized when received instead of when promised and expenses are recognized when cash is disbursed rather than when the obligation is incurred.

#### **Method of accounting**

The Ministry uses the fund method of organizing its books of account. Each fund is considered to be a separate accounting entity. The books are maintained on the modified cash basis of accounting.

#### **Financial statement presentation and contributions**

The Ministry is required to report information regarding its financial position and activities according to two classes of net assets: with donor restrictions and without donor restrictions.

Contributions received are recorded as without donor restrictions or with donor restrictions depending on the existence and or nature of any restrictions. Contributions for which donors have imposed restrictions, which limit the use of the donated assets, are reported as support with donor restrictions if the restrictions are not met in the same reporting period. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

#### **Cash and cash equivalents**

The Ministry considers certificates of deposit and all highly liquid instruments purchased with an original maturity of three months or less to be cash equivalents.

#### **Investments**

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in net assets without donor restrictions if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

## **Summary of Significant Accounting Policies (Continued)**

### **Investments (continued)**

The Ministry values its financial assets and liabilities based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value hierarchy that prioritizes the inputs to valuation techniques is used to measure the fair value. The hierarchy maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. The hierarchy is broken down into the following three levels, based on the reliability of the inputs:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities that are observable at the measurement date;

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data; and

Level 3: Significant unobservable inputs for the asset or liability that reflect the reporting organization's own estimates about the assumptions that market participants would use in pricing the asset or liability.

### **Income taxes**

Income taxes are not provided for in the financial statements since the Ministry is exempt from federal and state income taxes under section 501 (c)(3) of the Internal Revenue Code and similar state provisions. The Organization is not classified as a private foundation.

The Ministry is required to report unrelated business income to the Internal Revenue Service and the appropriate state taxing authorities.

A policy for accounting for uncertainty in income taxes was adopted in prior years that require the Ministry to determine whether it is more likely than not that a tax position will be sustained upon examination based on the technical merits of the position. The Ministry has no uncertain tax positions that qualified for either recognition or disclosure in the financial statements at December 31, 2023 or December 31, 2022.

### **Use of estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### **Cost allocation**

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include compensation and benefits, which are allocated on the basis of estimates of time and effort, as well as depreciation, occupancy and telephone costs which are allocated based on the ratio of program revenue to total revenue.

### **Reclassifications**

Certain amounts in the 2022 financial statements have been reclassified to conform to the 2023 presentation. Such reclassifications had no effect on previously reported change in net assets.

## Summary of Significant Accounting Policies (Continued)

### Subsequent events

The Ministry has evaluated subsequent events through September 27, 2024, the date which the financial statements were available to be issued.

### Investments

The following table sets forth by level, within the fair value hierarchy, the Ministry's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Fair Value
Certificate of Deposit	\$ 207,172	\$ -	\$ -	\$ 207,172
Total	<u>\$ 207,172</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 207,172</u>

Investment income for the year consisted of the following:

	2023	2022
Interest and dividend income	\$ 7,511	\$ 686
Realized gains (losses)	-	-
Unrealized gains (losses)	-	-
Administrative fees	-	-
Total	<u>\$ 7,511</u>	<u>\$ 686</u>

### Investments (continued)

Details of the investments in marketable securities as of December 31, 2023:

	Fair Market Value	Cost	Unrealized Appreciation
Certificate of Deposit	\$ 207,172	\$ 207,172	\$ -
Total	<u>\$ 207,172</u>	<u>\$ 207,172</u>	<u>\$ -</u>

## Liquidity and Availability of Financial Assets

The following reflects the Ministry's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date.

	2023	2022
Financial assets at year-end	\$ 669,064	\$ 413,709
Less those unavailable for general expenditures within one year, due to:	-	-
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 669,064</u>	<u>\$ 413,709</u>

## Note Payable

Note payable consists of the following at December 31:

	2023	2022
Note payable to the US Small Business Administration, authorized under the terms of an Economic Injury Disaster Loan, due in monthly installments of \$641 beginning December 8, 2022, have been deferred for 24 months, including interest at an annual rate of 2.75% through November 8, 2050. The note is secured by deposit accounts, accounts receivable and equipment. The amount of the accrued interest payable as of December 31, 2023 is approximately \$10,300.	\$ 146,082	\$ 149,405
Total	146,082	149,405
Less current maturities of note payable	<u>(3,721)</u>	<u>(3,629)</u>
Long-term debt	<u>\$ 142,361</u>	<u>\$ 145,776</u>

Aggregate maturities or payments required on principal under the note payable for each of the succeeding years is as follows:

2024	\$ 3,721
2025	3,825
2026	3,932
2027	4,041
2028	4,154
Thereafter	<u>126,409</u>
Total	<u>\$ 146,082</u>



### Contributed Nonfinancial Assets

For the years that ended December 31, 2023 and 2022, contributed nonfinancial assets recognized within the statement of activities included:

	<u>2023</u>	<u>2022</u>
Food	<u>\$ 112,497</u>	<u>\$ 135,213</u>
Total	<u>\$ 112,497</u>	<u>\$ 135,213</u>

### Lease

The Chadwick House Ministries, a ministry of Pensacola United Methodist Community Ministries, Inc., paid an affiliated Church rent and utilities of \$17,778 and 19,989 in 2023 and 2022, respectively, for a residential facility. The lease is a year-to-year lease.

### Related Party Transactions

The Ministry pays an affiliated Church rents and utilities for office space, kitchen use, and residential facilities on a year-to-year basis.

## **Bright Bridge Ministries – December 5, 2024 – Meeting Minutes**

**Attendance:** Mark LaBranche, Marcel Davis, Mike Moser, Ralph Lockhart, Geoff Cook, Mykel Robinson, Ex-Officio: Hadley Sanders (via Video)

**Attendance Non-Board Members:** Sr. Staff Members: Robin Noble, Cheryl Hinnen, Ashlee Brown, Stan Donaway

- I. Welcome & Quorum Determination: Mark La Branche  
Opening Prayer – Mark LaBranche
- II. Sharing Mission Wins: Mark LaBranche & Cheryl Hinnen
  - A) Mission Video / End of Year Campaign – This will go out mid-December.
  - B) Bishop's Visit – We have a new bishop. He came to visit with us.
  - C) Thanksgiving – We served 385 means over 4 hours. There were 102 Volunteers who spent 42 hours volunteering.
- III. Finance Committee Report: Geoff Cook
  - A) 2025 Budget Presentation – Our 2025 budget does not look similar to the 2024 budget. On the first page, you'll see \$500,000 in grants for the building that will now be underway in 2025. On the second page, Bright Bridge Foundation, we are going to increase the amount of money we are going to contribute to the administrative expenses in the amount of \$100,000. This is up from \$80,000. On the third page, you'll see we have made changes to employment. Contractors are being brought on as employees which raises prices of employment taxes. Our current budget deficit is \$119,573. This deficit will be paid out of the BBM reserve of \$443,683. We have repairs that we have not been addressing. (Geoff) (Mark) – We need to be doing a 2<sup>nd</sup> and 3<sup>rd</sup> year budget. Fundraising is not overly ambitious. (Cheryl Hinnen adds that we are applying for a grant that will help offset the cost of Case Managers if we get it.) (Ammended digital notice – on 12.16.24 emailed Board Members the details of the grant in a follow-up digital notice email. This grant is the HOME-American Rescue Plan Grant through the Escambia Consortium, Florida, which we were made aware of by Opening Doors, our Continuum of Care. This grant would offset the cost of our Case Managers for the next 2 years because the grant covers Supportive Services - which is what Case Managers provide. We are seeking \$220,000 spread out over 2 years. This would positively impact the current budget deficit for 2025 and we would respond accordingly with a mid-year budget update.) The amounts that we have put into revenue are very conservative. We are applying for grants, routine ones and new ones. Also, have put \$100,000 aside as a maintenance account to cover costs. In a couple of years, we will need a new bookkeeper. The current bookkeeper works 10 hours per week on site. (Ralph) – Do we do the federal campaign on the base? We need to track veterans coming into our soup kitchen and dormitories for grants. In January we will begin having KPIs. Mykel and Ashlee. We need to work on phone plans for employees.

- B) Check Signers Update – We need to change our check signors at Pen Air Credit Union. We need to remove past board member Dixon Moseley and we need to add Mark LaBranche (Board President), Geoff Cook (Board Treasurer), and Ashlee Brown (Director of Operations at BBM). Mike Moser Moves, Ralph Lockhart – Second. 100% approval from Board.

IV. Nominating Committee Report: Mark LaBranche

A) 2025 Board Member Nominations Presentation

- a. Walker Wilson (Executive Director of Downtown Improvement Board)
- b. John Daniel (Attorney) Beggs & Lane
- c. Jenna Wright (Speech Pathologist at HCA West Florida)
- d. Jessica Johnson (Director of Wellness Services at PSC)
- e. Rick Appleyard (Commercial Agent with Beau Box Commercial)
- f. Rev. Katie Gillett (Associate Rector – Christ Episcopal Church)

We do have a list of other that we are recruiting.

- B) New Board Member Orientation & January Social Update – we are going to have options for Tuesday and Thursday the second or third week of January. We are going to have a gathering at Rev. Mark LaBranche's home for the entire board. We will be also having quarterly socials events. We should see a lot of fun engagement and communication in 2025.

V. Old Business: Robin Noble & Ashlee Brown

- A) Flooring Project Update – The first flooring we had the “guys” help lay flooring cheaply. This is being replaced as it didn't hold up. We got \$15,000 in donations to earmark for this. The rest is covered by reserves. \$50,000 was approved in a previous Board Meeting for this project. The first phase has been completed and Luxury Vinyl Plank has been laid, and baseboards on 1<sup>st</sup> and 2<sup>nd</sup> floor areas. We have also secured the tile to lay down in wet areas. We are waiting to install the tile until 2025 until a campaign to raise the funding for labor. We used Pro Source Flooring and Hunt's Construction.
- B) South Wing Project Update – We posted for 15 days about our plan. We passed this, so we are now waiting another 15 days before we get the release of funds. We could be getting the funds as soon as tomorrow. Scott Salas is updating our bids and the documentation that needs to be turned in for that. They had to update the wage determination since they first bid. We have changed a few things, we took Tom Sharron off the documentation and added Mark LaBranche. It looks like we are getting really close. Scott is looking at putting bids out in early January. The bids go out for 30 days. We told the state 42 beds, but we can put up to 50 in if needed. We are going to get room sponsorships. We will need to get a performance bond.

We have to wait to put the “Safe and Secure” fence until we get money from the state. We did pay a downpayment for it. We are in contact with ADT, and they know that we are in a holding pattern.

VI. New Business: Mark LaBranche & Ashlee Brown

- A) Updates needed for Equal Opp, Non-Discrimination, Non-Retaliation – presentation of new language (see full board packet) needed. Geoff Cook motioned to approve the presented language and Mykel Robinson seconded. Motion carried with 100% approval. Board Training of the New Approved Language completed and signatures captured.
- B) Building Committee Creation – These do not have to be Board Members per Mark LaBranche, and after discussion it was decided that Scott Sallis (our architect partner / project manager through longtime relationship with BBM and Pastor Robin and Pastor Ashlee), Ashlee Brown, Geoff Cook (Treasurer) and we will ask new Board Member John Daniel if he wants to participate as well as BBM key partner, Chris Porter.