0070 50	IRS e-file Signature Authorization		OMB No. 1545-0047
Form 8879-EO for an Exempt Organization For calendar year 2020, or fiscal year beginning, 2020, and ending, 20		0000	
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 	_ , 20	2020
Name of exempt organization	or person subject to tax	Taxpayer	identification number
	PARTMENT ASSOCIATION	59-2	546718
Name and title of officer or per LINDSEY MCCLA EXECUTIVE VIC	IN E PRESIDENT		
Part I Type of I	Return and Return Information (Whole Dollars Only)		
check the box on line 1a, 2 blank, then leave line 1b, 2	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed w 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you er e applicable line below. Do not complete more than one line in Part I.	ith this form	was
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	445,277.
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec		3b	
4a Form 990-PF check h	ere 🕨 🔄 b Tax based on investment income (Form 990-PF, Part VI, line 5) 🚊	4b	
5a Form 8868 check here		5b	
6a Form 990-T check her		6b	
7a Form 4720 check here		7b	
	ion and Signature Authorization of Officer or Person Subject to		
	I declare that X I am an officer of the above organization or I am a person s, (EIN),		
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	Afund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its nic funds withdrawal (direct debit) entry to the financial institution account indicated in e federal taxes owed on this return, and the financial institution to debit the entry to the the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days pr thorize the financial institutions involved in the processing of the electronic payment of ecessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic	n the tax prephis account. ior to the pay of taxes to re- d a personal	paration To revoke yment ceive
X I authorize SC	HAFER, TSCHOPP, WHITCOMB, ET AL	to enter m	y PIN 32256
	ERO firm name	-	Enter five numbers, but do not enter all zeros
a state agency(i	on the tax year 2020 electronically filed return. If I have indicated within this return thates) regulating charities as part of the IRS Fed/State program, I also authorize the afore n's disclosure consent screen.		he return is being filed with
electronically file	person subject to tax with respect to the organization, I will enter my PIN as my signat ad return. If I have indicated within this return that a copy of the return is being filed wi ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	th a state age	ency(ies)
Signature of officer or person subje		Dat	ie 🕨
Part III Certifica	tion and Authentication		
•	ur six-digit electronic filing identification	<u> </u>	
number (EFIN) followed by	your five-digit self-selected PIN. 5011253271		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indi eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Infor	cated above	
ERO's signature 🕨	Date ►		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To D	o So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form	990	

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.



AI	or th	e 2020 calendar year, or tax year beginning and	ending		
B	Check if Ipplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang	Doing business as		59-25467	18
	Initial	,	Room/suite	E Telephone number	
	Final			(904) 29	2-1345
_	termii ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	509,116.
	_returr]Appli	UACIDONVILLE, PL 52250		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: DINDSET MCCLAIN		for subordinates H(b) Are all subordinates in	
1.1	Гах-ех	empt status: $501(c)(3)$ X $501(c)(6)$ (insert no.) $4947(a)(1)(6)$	or 527	-	list. See instructions
		te: ► WWW.FCAAONLINE.COM		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	I Year		State of legal domicile: FL
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO PI	ROMOTE	. INFORM AN	D SERVE THE
ЭСС	·	APARTMENT INDUSTRY THROUGH EDUCATION, LEG	GISLAT	ION AND PRO	FESSIONAL
Activities & Governance	2	Check this box			
ver	3			3	18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
х х	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		······	3
itie	6	Total number of volunteers (estimate if necessary)			45
Ę	-	a Total unrelated business revenue from Part VIII, column (C), line 12			697.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		0.	305,527.
nue	9	Program service revenue (Part VIII, line 2g)		0.	82,348.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	6,303.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	51,099.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	445,277.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	243,949.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		231,500.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	475,449.
	19	Revenue less expenses. Subtract line 18 from line 12		0.	-30,172.
or ces			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		616,360.	671,128.
t As d B	21	Total liabilities (Part X, line 26)		47,153.	132,093.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		569,207.	539,035.
D		Oliver a traver Dia a la			

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	Signature of officer LINDSEY MCCLAIN, EXECUTIVE Type or print name and title	VICE PRESIDENT	Date
	Print/Type preparer's name THOMAS V. WHITCOMB	's signature	Check PTIN if self-employed ₽00836897 Firm's EIN ► 26-1472386
Preparer Use Only	Firm's name ► SCHAFER, TSCHOPP, WH Firm's address ► 541 S. ORLANDO AVENU MAITLAND, FL 32751	/	Phone no. (407) 875-2760
May the II	RS discuss this return with the preparer shown above? See	instructions	X Yes No
032001 12-2 S	3-20 LHA For Paperwork Reduction Act Notice, see t EE SCHEDULE O FOR ORGANIZATIO	•	Form 990 (2020) CONTINUATION

Form	990 (2020) FIRST COAST APARTMENT ASSOCIATION 59-2546718 Page	2 :
Pa	rt 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:	<u> </u>
•	TO PROMOTE, INFORM AND SERVE THE APARTMENT INDUSTRY THROUGH EDUCATION,	
	LEGISLATION AND PROFESSIONAL NETWORKING.	
	LEGISLATION AND PROFESSIONAL NETWORKING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	lo
	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?	Jo
U		.0
	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		_)
	EDUCATION AND MEMBER SERVICES - INCLUDES EDUCATION OPPOTUNITIES FOR	-
	MEMBERS OF FCAA AND OTHER INDIVIDUALS IN THE COMMUNITY, AND OTHER	
	MEMBER BENEFITS.	—
		—
		—
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		
	Form 990 (20	201

Form	990	(2020)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	9		Х
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	~	<u> </u>
19		19		х
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	990	(2020)
	000	

			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	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? If "Yes," complete			
	Schedule J	23		X
24a	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? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
a	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? If "Yes," complete Schedule L, Part I	OFh		
06	,	25b		<u> </u>
26	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</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
07		20		
27	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(gameing) mininge to prize miniote.			L

Form 990	
Part V	Sta

020) FIRST COAST APARTMENT ASSOCIATION 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	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			37
	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b -		X
	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	•		x
	any contributions that were not tax deductible as charitable contributions?	6a		_ A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	~		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exception requires a number in average of C_{75} mode path as a contribution and path for goods and convises provided to the payor?	7-		
	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 7h		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	to file Form 8282?	7c		
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
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?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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	Section 501(c)(7) organizations. Enter:			
а	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	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. 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	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
a	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			
	Enter the amount of reserves on hand 13c	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	LINDSEY MCCLAIN - (904) 292-1345
	9456 PHILIPS HWY, JACKSONVILLE, FL 32256

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

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.

Sec	tion A. Governing Body and Management			_	
		1 1	1 0	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	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 0.		10		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne 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				X
5	Did the organization become aware during the year of a significant diversion of the organization's as			<u> </u>	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 a	ppoint 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				
а	The governing body?		<u>8</u> a		
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 read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue Code.)			-
				Yes	
	Did the organization have local chapters, branches, or affiliates?		10	3	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	n? 11 :		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	5 X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done				
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		v	
	The organization's CEO, Executive Director, or top management official		15		
b	Other officers or key employees of the organization		15	5 X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				v
	taxable entity during the year?		16	3	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		10		
800	exempt status with respect to such arrangements?		16		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$				
17 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and QQQ T (Section 501	(0)(3)0 01		ilabla
18	for public inspection. Indicate how you made these available. Check all that apply.		(0)(3)5 01	ny) ava	naule
	Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Image: The public inspection. The public inspectincies. The public inspection. The public inspection. Th	on Schedula ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		v and fir	ancial	
19	statements available to the public during the tax year.	ormer or interest polic	y, anu ili	anual	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
20	LINDSEY MCCLAIN - (904) 292-1345				

X

Form	990	(2020)
D	1 \/1	

Part VII	Co	mpensation of	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensat	ed
	์ Em	ployees, and	I Independe	ent Contra	ctors				

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

• 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.

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

Name and title Average hours per literation and attended material body Deposition to the and attended material body Reportable compension from organization Reportable compension from the organization Estimated and comparization (1) APRIL HUDSON Image: state body Image: state	(A)	(B)	(C)					(D)	(E)	(F)	
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Part	t VII	Section A. Officers, Di	irectors, 1	Trustee	s, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
		(A)			(B) (C) (D) (E)						(E)		(F)				
		Name and title			Average ours per		Position (do not check more than one			than		Reportable	Reportable		Estimated amount of		
					week		box, unless person is both an officer and a director/trustee)					compensation from	compensatio from related		other		
					list any	ector						the	organization			pensa	
					ours for related	or dire	e			ated		organization	(W-2/1099-MIS	SC)		om th	
					anizations	ustee	truste		ee	npens		(W-2/1099-MISC)			•	anizat d relat	
					below	Individual trustee or director	Institutional trustee	-	nploy	est cor	er					anizati	
					line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				0		
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		ne organization list any f															
		a? If "Yes," complete Sc													3		X
		ny individual listed on lin											the organization				v
		elated organizations gre ny person listed on line											idual for convices		4		X
		ered to the organization?			-				-			-			5		x
		. Independent Contract		complet	000110000		0/ 00	1011	0010								
1	Com	plete this table for your f	ive highes	st compe	ensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of corr	ipensa	ation f	rom	
	the o	rganization. Report com	pensation	for the	calendar y	/ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) (B) Name and business address NONE Description of services							C	(C omper		'n						
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2	Total	number of independent	contracto	ors (inclu	idina but r	not li	mite	d to	tho	se lie	ster	d above) who received n	ore than				
		,000 of compensation fro		-	-					0							

		(2020) FIRST COAST AP	ARTMENT	ASSOCIATI	ON	59-2546	718 Page 9
Pa	rt VI						
		Check if Schedule O contains a response or	note to any line	e in this Part VIII … (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
ants ints	1 :	a Federated campaigns 1a	05 507		function revenue	business revenue	from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	05,527.				
, Giff nilar		d Related organizations 1d e Government grants (contributions) 1e					
tions er Sir	1	All other contributions, gifts, grants, and					
Otho		similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$					
Con		h Total. Add lines 1a-1f	>	305,527.			
			Susiness Code	01 651	01 651		
vice	2 a		611430 541800	81,651. 697.	81,651.	697.	
Program Service Revenue	· ·	c					
gran Rev		d					
Pro	f t	All other program service revenue					
	<u> </u>	g Total. Add lines 2a-2f		82,348.			
	3	Investment income (including dividends, interest, other similar amounts)		6,303.	6,303.		
	4	Income from investment of tax-exempt bond proc					
	5	Royalties	(ii) Personal				
	6 a	a Gross rents 6a 2,025.					
	ł	b Less: rental expenses 6b 6,536.					
		c Rental income or (loss) 6c -4,511. d Net rental income or (loss)		-4,511.	-4,511.		
		a Gross amount from sales of (i) Securities	(ii) Other	1,511.	1,5110		
		assets other than inventory 7a					
е		b Less: cost or other basis and sales expenses					
ven		c Gain or (loss) 7c					
Other Revenue		d Net gain or (loss)a Gross income from fundraising events (not	►				
Othe	88	including \$ of					
		contributions reported on line 1c). See	0.0 651				
			<u>99,651.</u> 57,303.				
		c Net income or (loss) from fundraising events		42,348.			42,348.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a 9a 9b 9b					
			►				
	10 a	a Gross sales of inventory, less returns					
		and allowances <u>10a</u> b Less: cost of goods sold <u>10b</u>					
		c Net income or (loss) from sales of inventory	►				
sno			business Code	13,262.	13,262.		
Miscellaneous Revenue	11 a			±J,4U4•			
Seve	6	c					
Mis		d All other revenue		13,262.			
	12	Total revenue. See instructions	····· 🚩	445,277.	96,705.	697.	42,348.

FIRST COAST APARTMENT ASSOCIATION

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FIRST COAST APARTMENT ASSOCIATION

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

Dono	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21				
	rants and other assistance to domestic dividuals. See Part IV, line 22				
3 G	rants and other assistance to foreign				
о	rganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	ompensation of current officers, directors,				
	ustees, and key employees	99,940.	74,955.	24,985.	
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	110 100	00 200	00 804	
	ther salaries and wages	119,176.	89,382.	29,794.	
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	0 1 5 7	C 110	2 0 2 0	
	ther employee benefits	8,157. 16,676.	6,118. 12,507.	2,039. 4,169.	
	ayroll taxes	10,0/0.	12,507.	4,109.	
	ees for services (nonemployees):				
	lanagement				
	egal				
	obbying				
	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
-	blumn (A) amount, list line 11g expenses on Sch 0.)				
	dvertising and promotion	2,165.	1,624.	541.	
	ffice expenses	20,487.	15,365.	5,122.	
	formation technology	9,000.	6,750.	2,250.	
	oyalties	- ,			
	ccupancy	59,309.	47,447.	11,862.	
	ravel	-	-		
	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
19 C	onferences, conventions, and meetings	12,604.	10,083.	2,521.	
	iterest				
21 P	ayments to affiliates				
	epreciation, depletion, and amortization	220.	110.	110.	
	surance	4,797.	3,598.	1,199.	
al lir	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
a M	IEMBER COSTS	74,539.	55,904.	18,635.	
	DUCATION COSTS	28,583.	21,437.	7,146.	
	ELEPHONE	5,226.	4,181.	1,045.	
dΪ	UES & SUBSCRIPTIONS	4,947.	3,710.	1,237.	
e A	Il other expenses	9,623.	7,541.	2,082.	
25 T	otal functional expenses. Add lines 1 through 24e	475,449.	360,712.	114,737.	0
26 J	bint costs . Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				
C	neck here if following SOP 98-2 (ASC 958-720)				

FIRST COAST APARTMENT ASSOCIATION

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_		Check if Schedule O contains a response or not	to an	v line in this Part X			
		oneok in opriculie o contains a response of nor			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			19,764.	1	21,297.
	2	Savings and temporary cash investments			581,956.	2	631,021.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			14,480.	9	18,538.
	10a	Land, buildings, and equipment: cost or other			-		
		basis. Complete Part VI of Schedule D	10a	55,196.			
	b	Less: accumulated depreciation		55,196.	160.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15	272.		
	16	Total assets. Add lines 1 through 15 (must equ			616,360.	16	671,128.
	17	Accounts payable and accrued expenses			20,851.	17	14,084.
	18	Grants payable		18			
	19	Deferred revenue			26,302.	19	87,016.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
iabi		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X	_		
		of Schedule D			0.	25	30,993.
	26	Total liabilities. Add lines 17 through 25			47,153.	26	132,093.
s		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🗀 🔰			
ЭС		and complete lines 27, 28, 32, and 33.					
alar	27					27	
ğ	28	Net assets with donor restrictions			28		
ñ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🔟			
г		and complete lines 29 through 33.		•			
sts (29	Capital stock or trust principal, or current funds			0.	29	0.
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.
et A	31	Retained earnings, endowment, accumulated in			569,207.	31	539,035.
ž	32	Total net assets or fund balances			569,207.	32	539,035.
	33	Total liabilities and net assets/fund balances			616,360.	33	671,128.

Form **990** (2020)

Part X | Balance Sheet

Form	990	(2020)

Form	990 (2020) FIRST COAST APARTMENT ASSOCIATION	59-	-2546718	Pa	ge 12				
Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			77.				
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1								
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8									
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10									
	column (B)) 10								
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	s,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne 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.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Au	ıdit						
	Act and OMB Circular A-133?		За		X				
	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		3b						

Form **990** (2020)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 for instructions and the latest information.



Name	of the	organization
nume		organization

FIRST COAST APARTMENT ASSOCIATION

Employer identification number 59-2546718

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r 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 wr	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education)	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		
3	Number of conservation easements modified, transferred, relea	ased, extinguished, or terminated by the or	ganization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio		
•	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conser	vation easements during the year
7	Amount of overanges inclused in manitoring, increasing, handlin	a of violations, and enforcing concernation	a accompany during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin \$	ig of violations, and emorcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b)	
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ū	balance sheet, and include, if applicable, the text of the footno	-	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
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	•	
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public e		
	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 treas		
	the following amounts required to be reported under FASB AS	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions f		Schedule D (Form 990) 2020

Schedule	D (Form	990)	2020
Jonioaano	D (! 01		

	dule D (Form 990) 2020 FIRST C t III Organizations Maintaining C	OAST APART							L8 Page 2
	Using the organization's acquisition, accessi							•	linueu)
3	collection items (check all that apply):	on, and other record	is, check	any or the	TO IO WITY TTA	at make sig	grinicant use c	1115	
а	Public exhibition	d		oop or ove	hange progra	am			
	Scholarly research	e			nange progra				
b c	Preservation for future generations	e							
4	Provide a description of the organization's c	olloctions and ovalai	n how th	ov furthor t	ho organizati	on's oxom	nt nurnoso in	Dart VIII	
5	During the year, did the organization solicit of							i an An.	
5	to be sold to raise funds rather than to be m							Yes	
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa			organizatio	in anowered		0111000,1 4		51
- 1a	Is the organization an agent, trustee, custod		diarv for c	ontribution	s or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes	
b	If "Yes," explain the arrangement in Part XIII								
		·	5					Amou	nt
с	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance						1f		
2a	Did the organization include an amount on F						y?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanatio	n has been	provided on	Part XIII	····		🗌
Par	t V Endowment Funds. Complete i	f the organization ar	swered "	'Yes" on Fo	orm 990, Parl	t IV, line 10).		
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back 🛛 (c	d) Three years b	oack (e) Fo	ur years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administe	ered for the	e organization		
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		owment fi	unds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere				1				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		cumulated reciation	(d) Bo	ok value
1a	Land								
	Buildings								
	Leasehold improvements				2,000.		2,000.		0.
	Equipment			5	3,196.		53,196.		0.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)				0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	FIRST COAST	APARTMENT	ASSOCIATION	59-2546718 Pag
Part VII Investments - 0	Other Securities.			
		on Form 990, Part IV	, line 11b. See Form 990, Part X, I	ine 12.
(a) Description of security or catego	Dry (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)				
(P)				

(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total (Col (h) must equal Form 990 Part X col (B) line 12)	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN	30,993.
(3)	
(4)	
(5)	

_	(7)	
	(8)	
	(9)	
	Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Column (b) must equal Form 990, Part X, col. (B) line 25.) 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...

30,993.

(6)

Sche	dule D (Form 990) 2020 FIRST COAST APARTMENT A	SSOCIATION	59-2546718 _{Page}
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	-	
е	·····		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
с _	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
га	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Reg	arding	Fund	drais	ing or Gaming	Activ	/ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered " organization entered more						or if the	2020
Department of the Treasury Internal Revenue Service		► Attach to F to www.irs.gov/Form990					ion	_	Open to Public Inspection
Name of the organization	► Go	0 www.iis.gov/Formaso			s anu	the latest informat		Employer i	dentification number
	FIRST C	OAST APARTMENT	r ass	OCI	ATI	ON		59-254	6718
	g Activities.	Complete if the organization	on answe	red "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and address o or entity (fundrai		(ii) Activity		(iii) fundr have c or con contribu	ustody	(iv) Gross receipts from activity	tò (o f	Amount paid r retained b undraiser ed in col. (i)	y) to (or retained by)
				Yes	No				
Total				1	•				
	the organizatio	n is registered or licensed t	o solicit d	contrib	outions	s or has been notified	d it is	exempt fron	n registration

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

Schedule G (Form 990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr		,	e 1	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MAINTENANCE	GOLF	•	(add col. (a) through
			MANIA	TOURNAMENT	9	col. (c))
en			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	30,992.	25,683.	42,976.	99,651.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	30,992.	25,683.	42,976.	99,651.
	4	Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		8,692.	30,477.	
	10	Direct expense summary. Add lines 4 throug				57,303.
	11	Net income summary. Subtract line 10 from I				42,348.
Ра	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ì	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Sver						
œّ	1	Gross revenue				
ខ្ល	2	Cash prizes				
Uirect Expenses	3	Noncash prizes				
Uirect t	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		►	
~						
		er the state(s) in which the organization cond he organization licensed to conduct gaming a				Yes No
		No," explain:				
	_					
10a	We	re any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	Yes No
		Yes," explain:				
b	lf "`	res," explain:				
b	lf "'					

Sch	edule G (Form 990 or 990-EZ) 2020 FIRST COAST APARTMENT ASSOCIATION 59-2	546	718	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. 📖	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ)	FIRST	COAST	APARTMENT	ASSOCIATION
Dart IV	Supplemental Infor	mation /00	ntinued)		

Part IV	Supplemental Information (continued)		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

FIRST COAST APARTMENT ASSOCIATION

59-2546718

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NETWORKING.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS THAT PAY DUES AND ENGAGE IN ORGANIZATION

EVENTS AND ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION PROVIDES ALL MEMBERS WITH A CHANCE TO REVIEW THE TAX

RETURN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY MEMBERS OF THE BOARD OF DIRECTORS FILL OUT A DOCUMENT DISCLOSING

ANY POTENTIAL CONFLICTS OF INTEREST AND ATTEST THAT THEY DO NOT HAVE AN

CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES COMPENSATION FOR OFFICERS AND KEY

EMPLOYEES. THE BOARD OF DIRECTORS ARE INDEPENDENT. BOARD MEETINGS ARE USED

TO DELIBERATE AND DISCUSS COMEPNSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND ALSO ON THE ORGANIZATION WEBSITE