# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30.

_		,,	Citania	<u> </u>	<b>=</b>
В	Check applic	if C Name of organization		D Employer identif	fication number
	Ad	ress THE NATHAN B STUBBLEFIELD FOUNDATION	TNC		
Ē	Nai	ne Doing Business As		59-1	1619213
	Init retu	al Control of the Con	Room/suite		
	Ter ate	nin-   1010 E MADOULNI LIMUED ELECT DIESTO	,		-238-8001
	iretu			G Gross receipts \$	1,873,176.
	Itiòr	ding		H(a) Is this a group	·· · · · · · · · · · · · · · · · · · ·
	þer	F Name and address of principal officer:CRAIG KOPP		for subordinate	
_		SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
		xempt status: X 501(c)(3)	or 52	If "No," attach a	a list. (see instructions)
		site: WMNF . ORG		H(c) Group exemption	
		of organization: X Corporation Trust Association Other Summary	L Year	of formation: 1978	M State of legal domicile; ${ m FL}$
X Canada	T -		NT 7 FII T 7 7	T D CUITABLE	ETHT N
Governance	'	Briefly describe the organization's mission or most significant activities: THE FOUNDATION, A NON-PROFIT 501(C)3 CHARITA	NATHAL	N B. STUBBLE	ECMADITCHED
nai	2	Check this box if the organization discontinued its operations or dispose			
š	3			ı	15 seets.
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		3	15
Activities &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	23
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	200
cti	7 8	Total unrelated business revenue from Part VIII, column (C), line 12		7a	359.
_	<u>k</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	1			Prior Year	Current Year
пe	8	Contributions and grants (Part VIII, line 1h)		1,180,832.	1,283,297.
Revenue	9	Program service revenue (Part VIII, line 2g)		111,550.	340,551.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,416.	9,374.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		87,336.	84,317.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,383,134.	1,717,539.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	······	0.	0.
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		722,127.	823,200.
Jse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	023,200.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  119,68	31.		To man A significant and the second of the s
ıΩ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	828,301.	1,082,603.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,550,428.	1,905,803.
	19	Revenue less expenses. Subtract line 18 from line 12		-167,294.	-188,264.
s or				ginning of Current Year	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		3,131,442.	2,871,457.
et A	21	Total liabilities (Part X, line 26)		713,701.	641,483.
몵	22	Net assets or fund balances. Subtract line 21 from line 20	,	2,417,741.	2,229,974.
ACC 275-155	4000 p. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
true	corre	alties of perjury, I declare that I have examined this return, including accompanying schedules et, and complete. Declaration of preparer (other than officer) is based on all information of whi	and statem	ents, and to the best of my	/ knowledge and bellef, it is
	COITC	As and complete occuration of prepare (officer than officer) is passed on all information of will	cii preparer		/ / / -
Sig	1	Signature of officer	·	Date	2 - 7.5
Her		CRAIG KOPP, GENERAL MANAGER			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	C	ate Cheek	PTIN
Paid		JENNIFER FORRESTER JENNIFER FORREST	ER 0	5/22/15 if self-employe	₽00729383
Prep		Firm's name JAMES MOORE & CO., P.L.		Firm's EIN	59-3204548
Use	Only	Firm's address 5931 NW 1ST PLACE			
		GAINESVILLE, FL 32607-2063		Phone no. 352	2-378-1331
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	m 990 (2013) THE NATHAN B STUBBLEFIELD FOUNDATION INC 59-1619213 Page 2
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BROADCASTING COMMUNITY RADIO PROGRAMS.
	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	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?
	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.  (Code:) (Expenses \$ 703,912 · including grants of \$ ) (Revenue \$ 63,678 · )
	PRODUCTION AND ACQUISITION OF RADIO PROGRAMS FOR COMMUNITY RADIO -
	APPROXIMATELY 1000 HOURS PER YEAR.
41	102 202
4b	(Code:) (Expenses \$192,303. including grants of \$) (Revenue \$1995.) BROADCASTING RADIO PROGRAMS AND COMMUNITY NON-COMMERCIAL PROGRAMMING 24
	HOURS A DAY.
4c	(Code: ) (Expenses \$ 247,057. including grants of \$ ) (Revenue \$ 256,678.)
	PRODUCTION OF CULTURAL EVENTS THAT BRING ARTISTS AND SPEAKERS THAT HAVE
	BEEN BROADCAST IN THE STATION'S PROGRAMS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 22,671 • including grants of \$ ) (Revenue \$
4e	Total program service expenses ► 1,165,943.
	Form 990 (2012)

#### Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 1 Is the organization required to complete Schedule B, Schedule of Contributors 2 X 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 X 3 Section 501(c)(3) organizations. 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 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 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 X A 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 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 Х 11a 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 VI X 11b 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 Х 11c 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 Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 Х 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and iV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 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 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part li X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

Form 990 (2013)

19

20a

X

X

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

1			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1.00	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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	ĺ		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	J			
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			\ <del></del>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	0.51	i	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
		26		х
27	complete Schedule L, Part !!  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1.00 11 11 12 12 12 70 2. g the control on the pro- cessor of the control of the con- 2 and a control of the con-		
	instructions for applicable filing thresholds, conditions, and exceptions):			A ADMINISTRATION OF THE PROPERTY OF THE PROPER
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "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		<u>X</u> .
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		<u> </u>
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			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes " complete Schedule P. Part V. line?	[ _ [		y
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
	and that in treated as a partnership for foderal income toy numbers 2 if "Vos." correlate Schodule P. Dort VI	~		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		~*
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	tracers at 1 and 200 meta at a required to complete domedule O	00		

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

a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	270000000000000000000000000000000000000	Check if Schedule O contains a response or note to any line in this Part V				
tal. Either the number reported in Box 3 et Perm 1086. Enter -0° In not applicable   18   00				*********	Yes	No.
b Enter the number of Forms W2G included in line 1s. Enter of India population of Diff the Cognization concept, with backup withholding rules of reproducible pergenets to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tox Statements, I all the Cognization of the Organization in the Value of the Organization of St. (Organization Statements)  5a Oct the organization have unrelated business gross income of \$1,000 or more during the year?  5b If Yes, I and I the air orm 600 Tor for his year? If Yes, I cold by provide an explanation in Schedule O Organization have unrelated business gross income of \$1,000 or more organization in Schedule O Organization or other currents of the Organization or other organization or other financial accounts?  5a West the organization a party to a prohibital tax analytic account, or other financial accounts.  5b West the Organization a party to a prohibital tax analytic manaction at any time during the cax year?  5a West the Organization have organization file Form 8880.77  5b West the Organization have organization file Form 8880.77  5c I Yes, I of the Organization have an interest the Organization or other organization organization and the way or a party to a prohibital tax which contributions?  5c I Yes, I of the Organization have the way or a party to a prohibital tax which contributions or other party organization solic and the organization file Form 8880.77  5c I Yes, I Yes, I was the organization have the way or a prohibital tax which contributions or other party organization solic organization have organized the have or a natural greater than \$100,000, and of the organization solic organization have organized to have	1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	6.0			
c Did the organization comply with backup withholding rules for reportable payments to vendoms and reportable gamining (gambining) winnings to price winners?  2a. Enter the number of employees reported on Form WS, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b. If Yea, "has it filed a Form 90P.T for this year? If "No." to line 3b, provide an explanation in Schedule O.  5 If Yea," has it filed a Form 90P.T for this year? If "No." to line 3b, provide an explanation in Schedule O.  5 If Yea," has it filed a Form 90P.T for this year? If "No." to line 3b, provide an explanation in Schedule O.  5 If "Yea," there the name of the foreign occurty?  5 A. At any time of thing requirements for Form TD F 90.22.1, Report of Foroign Bank and Financial account?  5 If "Yea," there the name of the foreign occurty?  5 Was the organization have via a prohibited tax ehelier transaction at any time during the tax year?  5 A. Was the organization have annual gross reacipits that are normally greater than \$100,000, and did the organization solicit any contributions for filing requirements for Form 886817?  6 Description and the organization than the was not a party to a prohibited tax will be any contributions will be organization than broad will know you obtained to a special property for which it was required to 16 If Norm 16 the organization helps were not tax deductible?  6 If "Yea," to line 5 across by did the organization than the solicitation are special separation and party for goods and services provided to the payor?  6 If "Yea," include the number of Forms 8922 filed during the year.  7 Organization state may receive deductible contributions under section 170(c).  8 If "Yea," include the number of Forms 8922 filed during the year.  9 If the organization received a contribution of qualified intellectual property, did the organization	_		0			
a Either the number of employees reported on Form WS, Transmitted of Wage and Tax Statements,   [16d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with or within the year covered by this return   [15d for the calandar year ending with year with year or year			na			
2a Earth the number of employees reported on Form W-9, Transmittal of Wage and Tox Statements, field for the caledary series indep with or within the year covered by this return.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if this sum of lines 1a and 2a is greater firm 250, you may be required to e-file (see instructions)  3a			-	1c	Х	
Filed for the caleodary year ending with or within the year covered by this return   2a   23   3   5   X	<b>2</b> a					
b If at least one is reported on line 2e, did the organization file ell required federal employment tax returne?  Note: If the sum of lines 1 and 2e is greater than 250, your may be required to efficisee instructions.)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  5 If "Yes," has it filed a form 950-1 for this year? If "No," to line 3b, provide an explanation in Schedullo 0  3a At any time during the calendary year, did the organization have an interest in, or a signature or or brief authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time after the name of the foreign country (such as a bank account, securities account, or other financial account)?  5a If "Yes," to line 3b or 5b, did the organization with the state of Foreign Bank and Financial Accounts.  5b Was the organization have annual gross receipts and a sent of Foreign Bank and Financial Accounts.  5c If "Yes," to line 3b or 5b, did the organization the Form 3896-17  5b Was the organization that were not tax deductible as charitable contributions?  5c If Yes, to line 3b or 5b, did the organization the Form 3896-17  6c If Yes, to line 3b or 5b, did the organization with the was or is a party to a prohibited tax sholter transaction?  6c If Yes, to line 3b or 5b, did the organization with the state of the supplies of the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible?  6c If Yes, to line 3b or 5b, did the organization that it was or is a party to a prohibited tax sholter transaction?  6c If Yes, to line 3b or 3			23			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 A X  b If Yes, * has it filed a Form 990-T for this year? If *No,* to line 3b, provide an explanation in Schedule O  3 b X  4 A At any time during the celendary year, did the organization have an interest in, or a signarur or other authority over, a financial account!?  4 a X  5 if Yes,* reture the name of the foreign country. ▶  5 as ensured to a man of the foreign country. ▶  5 as ensured to a man of the foreign country. ▶  5 as ensured to a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have annual gross recepts that are normally greater than \$100,000, and clid the organization solicit any contributions that were not tax eductible?  6 a Does the organization have annual gross recepts that are normally greater than \$100,000, and clid the organization solicit any contributions that were not tax eductible?  7 b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible?  7 b If Yes,* did the organization include with every solicitation and partly for goods and services provided to the payor?  8 b If Yes,* did the organization notify the denor of the value of the goods or services provided?  9 b If Yes,* indicate the number of Forms 8282 fleed during the year  10 bid the organization received an orbit bid and or of the value of the goods or services provided.  10 bid the organization, during the year, pay permitums, directly or indirectly, to pay permitums on a personal benefit contract?  10 bid the organization, during the year, pay permitums, directly or indirectly, to pay permitums on a personal benefit contract?  10 bid the organization proceived an contribution of	b			2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has filled a Form 990-17 for this year of "No." to line 8b, provide an explanation in Schedule 0  5b X  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. ►  5e einstructions for filing requirements for Form TD 90.2.1, Report of Foreign Bank and Financial Accounts.  5b If "Yes," enter the name of the foreign country. ►  5e einstructions for filing requirements for Form TD 90.2.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization party to ap prohibited as whether transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8896-17  6c If "Yes," to line 5a or 5b, did the organization file Form 8896-17  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," to line the organization include with every solicitation and party for goods and services provided to the payor?  6c If "Yes," did the organization receive a payment in access of \$75 mace party as a contribution and party for goods and services provided to the payor?  6c If Yes, "did the organization receive apayment in access of \$75 mace party as a contibution and party for goods and services provided to the payor?  6c If Yes, "did the organization receive apayment in access of \$75 mace party as a contibution and party for goods and services provided to the payor?  6d If Yes, "did the organization receive apayment in access of \$75 mace party as a contibution and party for goods and services provided to the payor?  6d If Yes, "did the organization receive any funds, directly or indirectly, to a payment property for which it was required?  7d If Yes, "included on Figure 19 year, pay permitting						ratou auto
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the fire the name of the foreign country (such as a bank account, securities account, or other financial account)?  b   fires, "enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b   Did any trabable party notify the organization file Form 8886-T7  6a   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions?  6a   X    b   fires, "to line 5a or 5b, did the organization file Form 8886-T7  6a   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twe not tax deductible as charitable contributions?  6b   X    b   fires, "do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organization stat may receive deductible contributions under section 170(c).  a   Did the organization stat may receive deductible contributions under section 170(c).  b   fires, "do the organization notify the donor of the value of the goods or services provided?  7   Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   fires, indicate the number of Forms 8282 filed during the year  b   Did the organization, tumber of Forms 8282 filed during the year  6   Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098. The promises of the properties of the organization make a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a Form 1098						
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 69(a)(3) supporting organizations. Did the supporting organization or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11c  10c  11d  11d  11d  12a  12a  13 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b  15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b  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 in Schedule O.				7e		X
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Sponsoring organizations maintaining donor advised funds and section 609(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  But the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Defert the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Center the amount of reserves on hand  Itable  Center the amount of reserves on hand  Itally Itable  Itabl	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec	uired?	7g		
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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11 Section 501(c)(12) organizations, Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in tieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b						
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c Enter the amount of reserves on hand					of polyagean services	A STATE OF THE PROPERTY OF T
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 in Schedule O     14b						
b If "Yes," has it filed a Form 720 to report these payments? if "No," provide an explanation in Schedule O 14b			200 1-16 2-17 2-17			
•***				14a		<u>_x</u>
Form <b>990</b> (2013)	b	If "Yes," has it filed a Form 720 to report these payments? if "No," provide an explanation in Schedule O				

Form 990 (2013) THE NATHAN B STUBBLEFIELD FOUNDATION INC 59-1619213 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line In this Part VI				*		X	
Sec	tion 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		15				
	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 in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with a	any other			Annual An		
officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision	ĺ				
	of officers, directors, or 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 9	90 wa	s filed?	[	4		X.	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		[	5		X	
6	Did the organization have members or stockholders?			[	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	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, s			ſ				
	persons other than the governing body?				7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:					
а	The governing body?			[	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		4-1-1		9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
						Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			[	10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
	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?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			FASTSTRE				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[	12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?	[	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	scribe	ſ				
	in Schedule O how this was done			L	12c	Х		
13	Did the organization have a written whistleblower policy?			[	13	Х		
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 approva			145				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1500				
а	The organization's CEO, Executive Director, or top management official			[	15a	X		
	Other officers or key employees of the organization				15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			10000				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a	***********				
	taxable entity during the year?			L	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	ırticipation	153888				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	<b>'</b> s	37.55				
	exempt status with respect to such arrangements?			<u>,                                    </u>	16b			
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	n 501(c)(3)s on	y) av	/ailabl	е		
	f <u>or p</u> ublic inspection. Indicate how you made these available. Check all that apply							
	X Own website Another's website X Upon request Other (explain	in Sche	edule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of	interest policy,	and	finan	cial		
	statements available to the public during the tax year.		. •					
	State the name, physical address, and telephone number of the person who possesses the books an	d reco	rds of the organ	izati	on: ►			
	CYNTHIA REICHARD - 813-238-8001		•					
	1210 E MARTIN LUTHER KING BLVD, TAMPA, FL 33603-4	417						

#### 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

#### 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.
- 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.

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

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

(A)  Name and Title	(B) Average hours per	(do		(( Pos heck ss pe	C) ition more	than	one h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NANCY COX-JOHNSON	5.00			X				0	0	
PRESIDENT (A) TANDA (A)	5.00	Х	ļ	Λ		<u> </u>	ļ	0.	0,	0.
(2) IAURA KEANE	3.00	x		х				0.	0.	0.
FIRST VICE PRESIDENT (3) LOUIS PUINEY	5.00	┝≏		Δ.		_	<u> </u>	U .	<u></u>	<u> </u>
SECOND VICE PRESIDENT	3.00	X		X				0.	0.	0.
(4) MICHAEL SEDITA	5.00			43.				0.	0.	
TREASURER	3.00	x		х				0.	0.	0.
(5) JEFF HARRIS	5.00								•	
SECRETARY		X		х				0.	0.	0.
(6) DANIEL FRANCIS	5.00									
DIRECTOR		Х						0.	0.	0.
(7) KURT MADSEN	5.00									
DIRECTOR		Х				ŀ		0.	0.	0.
(8) RICHARD MANNING	5.00									
DIRECTOR		X						0.	0.	0.
(9) PRYSCILA MILLER	5.00									
DIRECTOR		Х						0.	0.	0.
(10) LAUREN ADRIENSEN	5.00									
DIRECTOR		X						0.	0.	0.
(11) SCOTT FOELGNER	5.00									
DIRECTOR		X						0.	0.	0.
(12) MICHAEL BAGBY	5.00	٠.,						. [		
DIRECTOR	F 00	X	$\dashv$	_				0.	0.	0.
(13) LORRAINE THOMAS	5.00	- T							0	0
DIRECTOR (14) TAN DEPARTMENT	5.00	X						0.	0.	0.
(14) IAN DEBARRY DIRECTOR	3.00	х						0.	0.	0.
(15) DAVID HARBEITNER	5.00	~		$\dashv$				0.	0.	
DIRECTOR	3.00	X						0.	0.	0.
(16) SYDNEY WHITE	40.00	**				-		0.1	<del>\</del>	
GENERAL MANAGER	20+00			x			,	68,235.	0.	6,714.
(17) CYNTHIA REICHARD	40.00	-	-	<del></del>				55,255	<u></u>	<u> </u>
DIR. OF FINANCE & ADMIN. AS OF 11/4/				x				7,944.	0.	597.
332007 10-29-13					1					Form <b>990</b> (2013)

	= *************************************	
BROWN ENGINEERING		
P.O. BOX 113, SEFFNER, FL 33583	ENGINEERING	163,417.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

Form **990** (2013)

\$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 Revenue excluded from tax under sections 512 - 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 9,886. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and  $|_{1f}|_{1,273,411}$ similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,283,297 h Total. Add lines 1a-1f Business Code 2 a CULTURAL PERFORMANCES 256,678. 711300 256,678. Program Service Revenue 515100 83,673. 83,673. UNDERWRITING 541800 ADVERTISING 200. 200. f All other program service revenue 340,551. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,253. 1,253. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties ..... 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 163,009. assets other than inventory b Less; cost or other basis 146,415. 8,473 and sales expenses 16,594. -8,473c Gain or (loss) 8,121 8,121. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 9,886.<sub>of</sub> including \$ contributions reported on line 1c). See 0. Part IV, line 18 0. b Less: direct expenses \_\_\_\_\_ 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less; direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 908 and allowances \_\_\_\_\_ 749. b Less: cost of goods sold \_\_\_\_\_ 159. 159 c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 72,950 11 a SUBCARRIER & CHANNEL R 515100 72,950. 7,763. b BOOK AND RECORD SALE 451211 7,763. 900099 3,445. c OTHER REVENUE 3,445. d All other revenue ..... 84,158. Total. Add lines 11a-11d 717,539. 340,351. 359. 93,532. Total revenue. See instructions. Form 990 (2013)

## Form 990 (2013) THE NATHAN B Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	,			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				VIII MANAGEMENT OF THE STREET
J	trustees, and key employees	115,853.		115,853.	
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	567,090.	294,978.	218,479.	53,633
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			25.405	0 4 m A
9	Other employee benefits	89,594.	44,938.	36,486.	8,170 4,053
10	Payroll taxes	50,663.	22,292.	24,318.	4,053
11	Fees for services (non-employees):				
a b	Management	7,421.	7,421.		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,121		
d	<b>.</b>			····	
e					•
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	140,607.	108,127.	32,480.	
12	Advertising and promotion	4,194.	00 504	45.000	4,194
13	Office expenses	84,493.	20,594.	46,289.	17,610
14	Information technology	74,300.	70,001.	4,299.	
15	Royalties	129,106.	95,899.	33,207.	
16 17	Occupancy	741.	49.	360.	332
17 18	Payments of travel or entertainment expenses	734.	±2.4	300+	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,479.	193.	2,286.	,
20	Interest	36,921.	29,536.	5,908.	1,477
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	157,137.	123,446.	31,051.	2,640
23	Insurance	56,592.	40,578.	13,958.	2,056
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	191,131.	191,131.		
a	PROGRAMMING	49,986.	49,986.		
C C	REPAIRS	36,271.	6,999.	29,272.	
d	DUES & SUBSCRIPTIONS	31,555.	26,065.	5,430.	60
_	All other expenses	79,669.	33,710.	20,503.	25,456
25	Total functional expenses. Add lines 1 through 24e	1,905,803.	1,165,943.	620,179.	119,681
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	İ			
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 613,221. 264,167. 1 Cash - non-interest-bearing 229,269. 220,023. 2 Savings and temporary cash investments ..... 2 24,133. Pledges and grants receivable, net 3 3,750. 8.113. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 44,296. 17,361. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ...... 3,680,816. 10a 1,594,516. 2,240,906. b Less: accumulated depreciation 10b 2,086,300. 10c 246,360. Investments - publicly traded securities \_\_\_\_\_ 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 5,000. 15 3,131,442. 2,871,457. Total assets. Add lines 1 through 15 (must equal line 34) ... 16 16 23,947. 124,572. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 6,920. 12,011. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 593,264. 509,991. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 84,479. Schedule D 713,701. 641,483. Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Vet Assets or Fund Balances** 2,407,741. 2,219,974. Unrestricted net assets Temporarily restricted net assets 28 28 10,000. 10,000. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 2,417,741. 2,229,974. 2,871,457. 3,131,442. Total liabilities and net assets/fund balances

Form 990 (2013)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

THE NATHAN B STUBBLEFIELD FOUNDATION INC

Employer identification number 59-1619213

Part	l Reaso		arity Status (Ali organi	zations mu	ust comple	ete this pa	rt.) See ins	structions.			101.	7213	
The org			on because it is: (For lines										
1 🗀			hes, or association of chu	_		-	•	i}.					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
з 🗀													
4													
	city, and s		,						,				,
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 govern	ment or governmental un	it describe	ed in <b>secti</b>	on 170(b)(	(1)(A)(v).						
7			eceives a substantial part					or from th	e general	l pul	olic des	cribed	in
		<b>70(b)(1)(A)(vi).</b> (Comp							- <b>3</b>	. ,			
8 🗆	_		section 170(b)(1)(A)(vi).	(Complete	e Part II.)								
9 X			eceives: (1) more than 33			from conti	ributions r	nembersh	in fees a	and i	aross re	eceints	from
			functions - subject to cert										
			taxable income (less sec										
		on <b>509(a)(2).</b> (Comple				3011100000	uoquii ou i	y aloolg	amzadon	· anc	, ounc	30, 101	· O.
10 🗆			operated exclusively to te	est for pub	lic safety	See sectio	on 509(a)(	4)					
11			operated exclusively for t						ny out the	<u> </u>	rnnege i	of one	or
• • • • • • • • • • • • • • • • • • • •			zations described in sect										Oi
			g organization and comp				z). 0 <del>00</del> <b>30</b>	CHOII 308	(a)(3). On	IOUK	tile box	Culat	
	а П Тур				inctionally		1	d 🔲 Тур	aa lil - Ma	on fu	notional	lly into	aratad
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-			than one or more public										
f									e(a)(1) or	rsec	RION DUE	o(a)(2).	
•			ritten determination from t		-		•						
		organization, check								*******			. Ш
g			organization accepted a			-							r
			idirectly controls, either a									Yes	No
			supported organization?								<b>11</b> g(i)	<b> </b>	<u> </u>
	(II) A ram	illy member of a perso	on described in (i) above?	************			······································				11g(ii)		<u> </u>
_			a person described in (i)					*****			11g(iii)		<u> </u>
h	Provide the	e following informatio	n about the supported or	ganization	ı(s).								
				1		T		6.000	. 11	····			
	re of supported	(ii) EIN	(iii) Type of organization	(iv) is the d	organization sted in your			(vi) la organizati	on in cal. I	(vii)	) Amoun	t of mor	netary
or	ganization		(described on lines 1-9 above or IRC section		document?		tion in col. r support?	(i) organiz U.S	ed in the		sup	port	
			(see instructions))			· · · · · · · · · · · · · · · · · · ·		ļ	,				
				Yes	No	Yes	No	Yes	No				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 THE NATHAN B STUBBLEFIELD FOUNDATION INC59-1619213 Page 2

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) 2009 (b) 2010 (c) 2011 (d) 2012 (f) Total (e) 2013 1 Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 ...... 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. 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 stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. 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 stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

### Schedule A (Form 990 or 990-EZ) 2013 THE NATHAN B STUBBLEFIELD FOUNDATION INC59-1619213 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

qualify under the tests listed be Section A. Public Support	clow, picase com	piete Fait (11.)				
		11,0040		1 11 22 12		423.57
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						İ
membership fees received. (Do not include any "unusual grants.")	1436665.	1462549.	1204847.	1180832.	1283297.	6568190.
	14300033	1402040	1204047.	1100052.	12032911	0300130.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	333,694.	302,898.	317,382.	284,235.	340,351.	1578560.
3 Gross receipts from activities that						
are not an unrelated trade or bus-	40.000	4 4 4 4 4	4 = 000	4.5.5.	40.04-	
iness under section 513	18,803.	16,221.	17,000.	16,067.	12,017.	80,108.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1789162.	1781668.	1539229.	1481134.	1635665.	8226858.
7a Amounts included on lines 1, 2, and		40000		40.55		<b>=</b> 0 0==
3 received from disqualified persons	8,035.	13,908.	17,147.	19,243.		58,333.
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	101 677	22.450				104 105
amount on line 13 for the year	101,677.	22,458. 36,366.	17,147.	19,243.		124,135.
c Add lines 7a and 7b	109,/12.	30,300.	工/,工生/。	19,243.		182,468. 8044390.
8 Public support (Subtract line 7c from line 6.) Section B. Total Support			Visited by Comment of the Comment of	) - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1		0044390.
	4.10000	#1.0040	(   0044	( 10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	(100/0	
Calendar year (or fiscal year beginning in) ▶	(a) 2009 1789162.	(b) 2010 1781668.	(c) 2011 1539229.	(d) 2012 1481134.	(e) 2013 1635665.	(f) Total 8226858.
9 Amounts from line 6 10a Gross income from interest,	1/09102.	1/01000.	1333223.	T#0TT2#•	10220021	0220030.
dividends, payments received on securities loans, rents, royalties and income from similar sources	2,597.	3,141.	3,621.	3,416.	1,253.	14,028.
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975			0 (01			44.000
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b,	2,597.	3,141.	3,621.	3,416.	1,253.	14,028.
whether or not the business is regularly carried on	5,039.	800.	1,177.	1,287.	359.	8,662.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1796798.	1785609.	1544027.	1485837.	1637277.	8249548.
14 First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiz	ation,
check this box and stop here	-	,		•		
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2013 (lin			olumn (f))		15	97.51 %
16 Public support percentage from 2012 Schedule A, Part III, line 15 16 91.37 % Section D. Computation of Investment Income Percentage						
	12 (line 10e, colum	n (f) divided by line	e 13, column (f))		17	.17 %
17 Investment income percentage for 20	io (iirle 100, coluit	(.)				
- · · · · · · · · · · · · · · · · · · ·			************		18	.19 %
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 2</li></ul>	<b>012</b> Schedule A, F	Part III, line 17				
17 Investment income percentage for 20	<b>012</b> Schedule A, F organization did ne	Part III, line 17 ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	
17 Investment income percentage for 20- 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the	<b>012</b> Schedule A, F organization did no d <b>stop here.</b> The organization did no	Part III, line 17 ot check the box o organization qualif ot check a box on	n line 14, and line ies as a publicly s line 14 or line 19a,	15 is more than 33 upported organiza , and line 16 is mor	3 1/3%, and line 1 tion re than 33 1/3%, a	7 is not X

Supplem Also comple	ental Information. Provide the explan- e this part for any additional information. (	See instructions).	, ,	
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### Schedule B

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

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2013

Name of the organization Employer identification number THE NATHAN B STUBBLEFIELD FOUNDATION INC 59-1619213 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \_\_\_\_\_\_\_ 🕨 \$ \_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### THE NATHAN B STUBBLEFIELD FOUNDATION INC

59-1619213

Part I	Contributors (see Instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANK BRUNCKHORST P.O. BOX 5697 SARASOTA , FL 34277	\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24-	13	\$Schedule B (Form	Person Payrol! Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### THE NATHAN B STUBBLEFIELD FOUNDATION INC

59-1619213

(a)	encash Property (see instructions). Use duplicate copies of P		
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

	ATHAN B STUBBLEFIELD F	OUNDATION INC	59-1619213			
Part III	Exclusively, religious, charitable, etc., in year. Complete columns (a) through (e) and the total of exclusively religious, charitable, Use duplicate copies of Part III if addition	dividual contributions to section 501( I the following line entry. For organizati etc., contributions of \$1,000 or less fo onal space is needed.	(c)(7), (8), or (10) organizations that total more than \$1,000 for the tions completing Part III, enter or the year. (Enler this Information once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address,	(e) Transfer of gi	ift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	ft Relationship of transferor to transferee			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE NATHAN B STUBBLEFIELD FOUNDATION INC

Employer identification number 59-1619213

Pa	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 t	funds
	are the organization's property, subject to the organization's exclus	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	s in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pa	irt II Conservation Easements. Complete If the organization	ion answered "Yes" to Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (e.g., recreation or education		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a	conservation easement on the last
	day of the tax year.		Solidor vacion dascending of the last
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Tabel and a second of the seco		
-	Number of conservation easements on a certified historic structure		
q	Number of conservation easements included in (c) acquired after 8/	- 20	
u			2d
3	listed in the National Register  Number of conservation easements modified, transferred, released,		
Ü	year	extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds'		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en		
7			
	Amount of expenses incurred in monitoring, inspecting, and enforcing Does each conservation easement reported on line 2(d) above satisf		
8	4.70 (1) (4) (7) (1) (4)		
9	In Part XIII, describe how the organization reports conservation ease		
	include, if applicable, the text of the footnote to the organization's fire	nancial statements that describes the d	organization's accounting for
Dai	conservation easements.  Till Organizations Maintaining Collections of Art,	Historical Transuras, or Otho	r Similar Accets
1 53	Complete if the organization answered "Yes" to Form 990, Pa		Sillia Assets.
		N-m-ri	and balance also at any of any
Ia	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	historical treasures, or other similar assets held for public exhibition,		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	***************************************	• \$
2	If the organization received or held works of art, historical treasures,	_	n, provide
	the following amounts required to be reported under SFAS 116 (ASC		
a	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2013

	edule D (Form 990) 2013 THE NAT	HAN B STUE	BLEFIELD 1	FOUNDAT	OION or Oth	INC per Simil	59-16	51921:	3 Page <b>2</b>
3	3 Section of August 1 Section 1 Sect								
	(check all that apply):								
a			Loan or ex	change prog	rams				
b	Scholarly research		Other	onango prog	i airio				
C		·							
4	Provide a description of the organization's of	ollections and expla	in how they further	the organiza	tion's ov	ompt purp	oco in Bo	4 VIII	
5	During the year, did the organization solicit	or receive donations	of art historical tre-	seurae arat	har eimil	or accote	uso III a	I CAIII.	
-	to be sold to raise funds rather than to be m	aintained as part of	the organization's o	collection?	HEL SHIM	ai asseis	<u> </u>	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrar	gements. Compl	ete if the organizatio	on answered	"Yes" to	5 Form 990	Part IV		
**************************************	reported an amount on Form 990, Pa	rt X, line 21.				0 1 01111 000	,, r a.r., v,	III 10 0, 01	
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary for contributio	ns or other a	ssets no	t included			
	on Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	dowing table:	•••••••				_ 103	
	, ,							Amount	
C	Beginning balance					1c	,	7 41100111	<del></del>
d	A 1 1919 1 1 1 41			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1d			
е	Distributions during the year		***************************************	• • • • • • • • • • • • • • • • • • • •		1e			
f	Ending balance	***************************************				16			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?		,,,			Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation has been	n provided in	Part XIII				<b>=</b> "
Pa	TV Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990. Par	t IV. line	10.	************		
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears back
1a	Beginning of year balance	10,048.	10,043		0,037.		10,020.	(-/	10,000.
b	Contributions				7			<b></b>	20,000.
c	Net investment earnings, gains, and losses	6.	5.		6.		17.		20.
d	Grants or scholarships								
е	Other expenditures for facilities		<del></del>			<u> </u>			
	and programs								
f	Administrative expenses								
g	End of year balance	10,054.	10,048.	1	0,043.		10,037.	<u></u>	10,020.
2	Provide the estimated percentage of the curr				.0,045.	••	10,031.		10,020.
a	Board designated or quasi-endowment	1.00	%	ajj neiu as.					
	Permanent endowment > 99.00	%							
	Temporarily restricted endowment								
•	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse		ation that are hold a	nd administs	arad far t	ha araani-	otlos		
Vu	by:	solon of the organiza	adon anar are nelu a	ina aamiinste	eleu loi i	ne organiz	auon	Г	/os No
	•								Yes No
	***							3a(i)	X
h									
4	Describe in Part XIII the intended uses of the							3b	
	tVI Land, Buildings, and Equipm		witteric tariqs,						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or ot				ccumulated	<del>,</del> Т	(d) Book	valuo
	Daga. plant of property	basis (Investm				oreciation	1	(u) book	value
1a	Land			1,727.			### / LU /### # U /# /# / LU /# /# /# / LU /# /# / LU /# /# /# /# / LU /# /# / LU /# /# /# /# /# / LU /# /# /# /# /# /# /# /# /# /# /# /# /#	321	,727.
	Buildings			3,304.		510,47	3.		,831.
C	Leasehold improvements			7,897.	· · · · · · ·	10,83			,060.
	Equipment			4,670.	-	760,24			,423.
	Other			3,218.		212,95			,259.
Total.	Add lines 1a through 1e. (Column (d) must ed								,300.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	edule D (Form 990) 2013 THE NATHAN B STUBBLEFIELD I	OUN	DATION INC	59-	1619213 Page 4
Pa	TEXI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per F	Returr	١.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			<del>-</del> -	
1	Total revenue, gains, and other support per audited financial statements			1	1,791,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 408		
a	Net unrealized gains on investments	2a	497.		
b	Donated services and use of facilities	2b	65,039.		
C	Recoveries of prior year grants	2c			
d		2d			<b>65</b> 506
	Add lines 2a through 2d			2e	65,536.
3	Subtract line 2e from line 1			3	1,726,012.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	1		
a	Investment expenses not included on Form 990, Part Vill, line 7b		0 472	Lucidian Control	
b	Other (Describe in Part XIII.)		-8,473.		0 450
_	Add lines 4a and 4b	•••••		4c	-8,473.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		Viat. F	5	1,717,539.
i ai	Reconciliation of Expenses per Audited Financial Stateme	ents v	vitin Expenses per	Ketu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			Т" Т	4 050 045
1	Total expenses and losses per audited financial statements		***************************************	1	1,979,315.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	CE 020		
	Donated services and use of facilities	2a	65,039.	The second secon	
	Prior year adjustments				
	Other losses	2c	0 472		
	Other (Describe in Part XIII.)		8,473.		F2 F10
e	Add lines 2a through 2d		***************************************	_2e	73,512.
3	Subtract line 2e from line 1			3	1,905,803.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		The second secon	
	Investment expenses not included on Form 990, Part VIII, line 7b			The second secon	
	Other (Describe in Part XIII.)	4b			0
	Add ilnes 4a and 4b			4c	<u> </u>
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.			5	1,905,803.
		<i>i</i> :	di loi p () ( )		
lines 2	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV Id and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	/, lines	1b and 2b; Part V, line 4	1; Part X	C, line 2; Part XI,
111100 2	d and 4b, and Fart XII, lines 2d and 4b. Also complete this part to provide any addition	onai int	formation,		
PAR	T V, LINE 4:				
	th. V f short darked dark six 0				<del></del>
THE	PRINCIPAL VALUE OF THIS FUND IS PERMANENT	T.V E	ነቸርጥያ <i>ፕሮ</i> ጥዌን Ti	NT	
	THE TOTAL OF THE TOTAL TO THE THE TOTAL TO THE THE THE THE THE THE THE THE THE THE	<u> </u>	THOTILICIED I.	Ŋ	
PER:	PETUITY FOR PURPOSES OF THE WMNF LEGACY FU	ND.	EARNINGS FR	OM T	מאדנים פדעי
		r4T) •	DUMITION LIN	OIU I	IIIS FUND
CAN	BE USED BY THE ORGANIZATION FOR EXPENDITU	RES	AUTHORTZED 1	RV T	ממגרא אויי
			TIOTIONET DED.	<u> </u>	THE BOAKE
PUR	SUANT TO ITS ENDOWMENT SPENDING POLICY.				
PAR'	P X, LINE 2:				
				_	
THE	STATION HAS REVIEWED AND EVALUATED THE REI	. F!\/A	NT TECHNICAL	г.	
	PILITION MED MENTAND IND HAMIDOMIDS IND KEI	77.4	MI INCIINICA	<u> </u>	
MER.	ITS OF EACH ITS TAX POSITIONS IN ACCORDANCE	E! WT	ייים מככהוואיידי	ממ ס	ם דאוריד סד. דיפ
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GENI	ERALLY ACCEPTED IN THE UNITED STATES OF AMP	RR TO	ים דרום מרכרוויי	TIT TIT	G FOR
		<u> </u>	AL LON ACCOUN	4 T T T/	G LOW
ÜNCI	ERTAINTY IN INCOME TAXES, AND DETERMINED TH	ייי עד	титки мог мо	)	<u> </u>
	THE PERSONNELLE PROPERTY OF THE  ** 7 7	NI HAY BUTTE	^ OTA	CHITIMALIN	
ΓΑΧ	POSITIONS THAT WOULD HAVE A MATERIAL IMPAC	ግጥ ሰ	אי אור די אויף אי	<b>ፕፐ</b> ልፐ	
32054 9-25-13					le D (Form 990) 2013
~ mo. In				JULIE (111	.e (COLU MMUL 70 13

Schedule D (Form 990) 2013 THE NATHAN B STUBBLEFIELD FOUNDATION INC59-1 Part XIII Supplemental Information (continued)	619213 Page 5
STATEMENTS OF THE STATION.	·
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
LOSS FROM DISPOSAL OF FIXED ASSETS REPORTED AS EXP. ON F/S	-8,473.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS FROM DISPOSAL OF FIXED ASSETS REPORTED AS EXP. ON F/S	8,473.
	<u>.</u>

#### SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1645-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE NATHAN B STUBBLEFIELD FOUNDATION INC

Employer identification number

59-1619213 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SOLELY TO OPERATE WMNF 88.5 FM. WMNF IS A NON-COMMERICAL, LISTENER SUPPORTED COMMUNITY RADIO STATION THAT CELEBRATES CULTURAL DIVERSITY AND IS COMMITTED TO EQUALITY, PEACE AND ECONOMIC JUSTICE. WMNF PROVIDES BROADCASTS AND OTHER FORUMS WITH A GRASSROOTS LOCAL EMPHASIS, THAT PROMOTE CREATIVE, MUSICAL AND POLITICAL VITALITY. COMMUNITY EVENTS ALSO SERVE AS A PUBLIC EXTENSION OF OUR PROGRAMMING AND MISSION. WE ARE COMMITTED TO THE VALUES EXPRESSED BY OUR MISSION, ESPECIALLY AS THEY RELATE TO ISSUES INVOLVING THE VARIOUS ETHNIC GROUPS LIVING IN OUR COMMUNITY, WOMEN, THE ECONOMICALLY DISADVANTAGES OR CHALLENGED AND OTHER GROUPS WHO MAY BE DISENFRANCHISED IN OUR SOCIETY. WE OFFER SAFE HAVEN FOR EXPRESSION BY MEMBERS OF THESE GROUPS, REGARDLESS OF THEIR SOCIAL STATUS, RACE, GENDER OR SEXUAL ORIENTATION AND BY OUR ACTIVITIES HOPE TO PROMOTE PEACE, GOODWILL AND A SENSE OF COMMUNITY BEYOND THE WALLS OF THIS RADIO STATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROVIDING INFORMATION ON THE ORGANIZATION'S WEBSITE ABOUT PROGRAMMING AND OUTREACH ACTIVITIES. EXPENSES \$ 22,671. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE IRS FORM 990 SHALL BE REVIEWED BY THE GENERAL MANAGER AND FINANCE DIRECTOR PRIOR TO ITS FILING, AND THE GENERAL MANAGER SHALL PROVIDE A COMPLETE COPY OF THE FORM 990 TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO ITS FILING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	THE NATHAN B	STUBBLEFIELD	FOUNDATION	INC	Employer identification number 59-1619213
FORM 990, PART	VI, SECTION	B, LINE 12C:			
THE MANAGER REE	PORTS TO THE	BOARD EACH M	ONTH AND DIS	CUSSES	ANY
NEW BUSINESS AF	RRANGEMENTS.	BOARD MEMBER	S ARE AWARE	OF EAC	H OTHERS
BUSINESSES AND	MOULD QUICKL	Y BRING TO D	ISCUSSION AN	Y POTE	NTIAL CONFLICTS.
FORM 990, PART	VI, SECTION	B, LINE 15:			
THE BOARD APPRO	VES BUDGET II	NCLUDING ALL	SALARIES.		
FORM 990, PART	VI, SECTION (	C, LINE 19:			
THE ORGANIZATIO	N'S GOVERNING	G DOCUMENTS,	CONFLICT OF	INTER	est
POLICY, AND FIN	(ANCIAL STATE)	MENTS ARE AV	AILABLE UPON	REQUES	ST.
FORM 990 PART X	II, LINE 2C				
THE PROCESS FOR	THE SELECTION	ON AND SUPERV	ISION OF THE	1	
ORGANIZATION'S	INDEPENDENT A	AUDITOR HAS I	REMAINED CONS	ISTENT	WITH THE
PRIOR YEAR.					
			·····		
	100 110		. ,,,_		