

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **SEMINOLE COUNTY PAL, INC.**
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address): **100 BUSH BLVD.**
 Room/suite: _____
 City or town, state or country, and ZIP + 4: **SANFORD FL 32773**

D Employer identification number: **59-3196445**

E Telephone number: **407-708-7640**

F Name and address of principal officer:
SGT. DWAYNE JOHNSON
100 BUSH BLVD.
SANFORD FL 327733

G Gross receipts \$: **523,090**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: **WWW.SEMINOLECOUNTYPAL.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1993**

M State of legal domicile: **FL**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE PROGRAMS TO SEMINOLE COUNTY YOUTH WHICH TEACH VALUES AND SOCIETAL REQUIREMENTS. THE GOAL BEING TO KEEP PARTICIPANTS ON THE RIGHT PATH AS YOUTH AND AS ADULTS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 4
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 _____
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 170
7b	Net unrelated business taxable income from Form 990-T, line 24	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 562,672 Current Year 522,920
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	301 170
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	562,973 523,090
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	529,088 544,257
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	529,088 544,257
19	Revenue less expenses Subtract line 18 from line 12	33,885 -21,167	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 254,175 End of Year 233,008
	21	Total liabilities (Part X, line 26)	0 0
	22	Net assets or fund balances Subtract line 21 from line 20	254,175 233,008

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: *[Signature]*
SGT. DWAYNE JOHNSON
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **STEPHEN R. ROTROFF, CPA**
 Preparer's signature: *[Signature]*
 Firm's name: **LASHLEY, SELAND & ROTROFF**
 Firm's address: **999 DOUGLAS AVENUE, SUITE 100, ALTAMONTE SPRINGS, FL**

May the IRS discuss this return with the preparer shown above? (see instructions)

