



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

SOLICITATION OF CONTRIBUTIONS
ANNUAL FINANCIAL REPORTING FORM

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to:

charities@FDACS.gov

or

FDACS
Solicitation of Contributions
2005 Apalachee Pkwy.
Tallahassee, FL 32399-6500

Shadows of Strength
Organization Name

CH# 3927249
(Registration #)

DTN 3927249
(as listed on the preprinted
renewal application)

8668 Navarre Parkway #265
Organization Physical Address

Navarre
City

FL
State

32566
Zip

FISCAL YEAR ENDING 12/31/2023

Yes No Is this a proposed budget? (newly formed organizations only)

Yes No Is this a consolidated financial statement for chapters, branches and affiliates?

REVENUE

- | | |
|--|-------------------------|
| 1. Federated campaigns: | 1. _____ |
| 2. All Fundraising events: | 2. 5,000 ⁰⁰ |
| 3. Related Organizations: | 3. _____ |
| 4. Government Grants: | 4. _____ |
| 5. All other contributions, gifts, grants & similar amounts: | 5. 3,000 ⁰⁰ |
| 6. In-kind contributions (non- cash contributions): | 6. 15,000 ⁰⁰ |
| 7. Program service revenue: | 7. _____ |
| 8. Income from gaming activities: | 8. _____ |
| 9. Sales of inventory revenue: | 9. _____ |
| 10. Misc./Other revenue | 10. _____ |
| 11. Membership Dues and assessments | 11. _____ |
| 12. TOTAL REVENUE | 12. 23,000 |

EXPENSES

- | | |
|--|-------------------------|
| 1. Program services (including payments to affiliates) | 1. 11,300 ⁰⁰ |
| 2. Management and general | 2. 6,000 ⁰⁰ |
| 3. Fundraising | 3. 1,000 ⁰⁰ |
| 4. TOTAL EXPENSES (add lines 1 through 3) | 4. 18,300 ⁰⁰ |

Statement of Functional Expenses for Shadows of Strength
 (Organization Name)

CH3927249
 (Renewals Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A, B, C
Grants & allocations (cash _____ Non cash _____) Attach schedule				
Assistance to individuals	2,000.00			2,000.00
Benefits to or for members				
Compensation to officers, etc.		1,100.00		1,100.00
Other salaries, wages, etc.				
Fees for service non employees	1,000.00		300.00	1,300.00
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies		200.00		200.00
Telephone	300.00	200.00		500.00
Postage & shipping				
Equipment rental	3,000.00			3,000.00
Occupancy				
Printing			500.00	500.00
Travel	2,500.00	2,000.00		4,500.00
Conferences & meetings		1,500.00		1,500.00
Interest				
Insurance				
Advertising & promotions			200.00	200.00
Information technology	2,500.00	1,000.00		3,500.00
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSES	(A) 11,300.00	(B) 6,000.00	(C) 1,000.00	TOTAL 18,300

BALANCE SHEET:	(A) BEGINNING OF YEAR	(B) END OF YEAR
CASH, SAVINGS AND INVESTMENTS	100.82	1,466.11
TOTAL ASSETS	∅	∅
EXCESS (OR DEFICIT) FOR THE YEAR	∅	∅

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

You must submit financial statements for the parent organization and **each** chapter, branch, or affiliate listed in question 4 on the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

Chapter, Branch, or Affiliate Name: _____

Street Address: _____ City/State/Zip: _____

Telephone Number: _____ Email: _____

Total contributions received in the name of the Chapter, Branch or Affiliate	\$ _____
Total administrative costs assessed by Parent to Chapter, Branch or Affiliate	\$ _____
Total payments to Chapter, Branch or Affiliate	\$ _____

If a professional fundraising consultant, professional solicitor, or commercial co-venturer was utilized during any portion of this reporting period, please provide the following information for each contract entered:

Professional Fundraising Consultant Professional Solicitor Commercial Co-Venturer

Name: _____

Street Address: _____ City/State/Zip: _____

Amount Received following the campaign, fundraiser, promotion or event: \$ _____

PLEASE NOTE: Financial statements from organizations that receive at least \$500,000 but less than \$1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive \$1 million or more in annual contributions must be audited by an independent certified public accountant. If this applies to your organization, you must submit the review or audit with this document.

I am authorized to complete this financial reporting form.

Signature

Printed Name

Title

Date

Telephone Number

Email Address