

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2015

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning _____, 2015, and ending _____, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
SAY NO TO DRUGS HOLIDAY CLASSIC INC
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
404 EDGEWOD AVE.
City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER FL 33755

D Employer identification number
45-3001882
E Telephone number
727-434-3409
F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

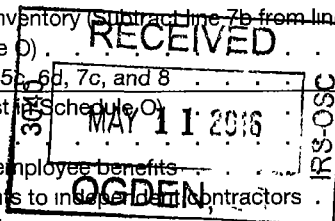
J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization. Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **52425**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received																												8532		
	2	Program service revenue including government fees and contracts																												43893		
	3	Membership dues and assessments																													0	
	4	Investment income																													0	
	5a	Gross amount from sale of assets other than inventory																														
	b	Less: cost or other basis and sales expenses																														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														0
	6	Gaming and fundraising events																														
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
c	Less: direct expenses from gaming and fundraising events																															
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														0	
7a	Gross sales of inventory, less returns and allowances																															
b	Less: cost of goods sold																															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															0
8	Other revenue (describe in Schedule O)																														0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														52425	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													1500	
	11	Benefits paid to or for members																													0	
	12	Salaries, other compensation, and employee benefits																														0
	13	Professional fees and other payments to independent contractors																														10721
	14	Occupancy, rent, utilities, and maintenance																														0
	15	Printing, publications, postage, and shipping																														1237
	16	Other expenses (describe in Schedule O)																														42236
17	Total expenses. Add lines 10 through 16																														55695	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													(3270)	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													6056	
	20	Other changes in net assets or fund balances (explain in Schedule O)																													0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																														2786



SCANNED JUN 07 2016

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6056	2786
23 Land and buildings		0
24 Other assets (describe in Schedule O)		0
25 Total assets		2786
26 Total liabilities (describe in Schedule O)		0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6056	2786

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization's primary exempt purpose? **Raise anti-drug awareness & Promote Drug free lifestyle**
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 Service is the yearly 5/10K race during holiday season. The 2015 race had approximately 2000 racers, who along with their families, received anti-drug information, T-shirts, etc. 2015 saw a slight decline in runner participation. All proceeds go to Race Expenses (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	55695
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	55695

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRISTOPHER ALEXANDER, SEC & RACE DIRECTOR	3	0	0	0
SUE MINKHOFF, CHAIRMAN	1	0	0	0
CHARLES BATDORF, TREASURER	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form with questions 33-45b and Yes/No columns. Includes questions about significant activity, changes to documents, unrelated business income, political expenditures, and tax shelter transactions.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		✓

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		✓

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NO EMPLOYEES	0	0	0	0

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

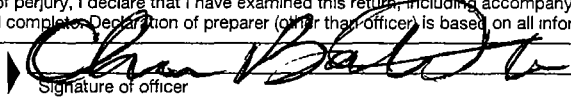
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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	<u>May 6, 2016</u> Date
Charles Batdorf, Treasurer Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SAY NO TO DRUGS HOLIDAY CLASSIC INC

Employer identification number

45-2001882

ADVERTISING/PROMOTION 3,835.21

BANK FEES/CREDIT CARD FEES 313.31

BUSINESS REGISTRATION TAX & LICENSES 1,161

EQUIPMENT & PARK RENTAL 11,442.13

RACE SUPPLIES AND RACER FOOD 2,118

INSURANCE 750

PRIZES AND AWARDS FOR RACERS 7,374.12

T-SHIRTS FOR RACERS 14,414.80

OFFICE SUPPLIES 259.45

OTHER MISC EXPENSES 568

TOTAL 42,236

LINE 10. GRANTS AND DONATIONS LIST

CHALLENGED ATHLETES FOUNDATION 250

GIRL SCOUTS OF AMERICA 250

BOY SCOUTS OF AMERICA 250

BOY SCOUTS TROOP 313 250

PINELLAS SHERIF POLICE ATHLETIC LEAGUE 500