

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2016 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name:	Friends of Dudley Farm, Inc.
Mailing Address: 18730 West Newberry R	toad, Newberry, FL 32669
Telephone Number: <u>352.278.6399</u>	Website Address (if applicable): <u>friendsofdudleyfarm.org</u>

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

Brief Description of the CSO's Mission:

Our Mission is to enhance the visitor experience through supporting preservation, and through education at Dudley Farm Historic State Park, a one of a kind late 1800's farm.

Brief Description of the CSO's Results Obtained:

Hosted and participated in special events and activities at Dudley Farm Historic State Park. Provided funds towards salary of one staff member. Donated funds, equipment and materials for Park upkeep, repairs, maintenance and infrastructure projects.

Brief Description of the CSO's Plans for Next Three Fiscal Years:

Supporting Dudley Farm Historic State Park through: hosting historical, educational and cultural events; assisting financially with maintenance, animal care, infrastructure projects, and Park staff salary; along with volunteer work on projects.

- ☑ Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
- ☑ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

FRIENDS OF DUDLEY FARM, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Dudley Farm, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Dudley Farm, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Final – Approved at the Annual Membership Meeting of the CSO – September, 28, 2014

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundation)
Do not enter Social Security numbers on this form as it may be made public. By law, the

IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

Open to Public Inspection

			ar year, or tax year beginning 10-01-2014, and ending 09-30-2015			
		applicable:	C Name of organization	D	Employer i	dentification number
	Address o	change	Friends of Dudley Farm Inc	59	-3400683	
	Name ch	ange	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite	E	Telephone n	umber
~~~	Initial ret		18730 West Newberry Rd	(3	86) 454-246	32
		n/terminated				
	Amended		City or town, state or province, country, and ZIP or foreign postal code Newberry, FL32669		Group Exem	ption
840	Applicatio	n pending	Newseny, 1 w2003	NU	ımber 🏲	
		ļ	, jing			
		_	☑ Cash ☑ Accrual Other (specify) ►_	Check	▶ 🛭 if the	e organization is <b>not</b>
ΙV	/ebsite	friendsofdudle	yfarm.org			ch Schedule B
J Ta	x-exem	pt status(check	conly one) -  3501(c)(3)  501(c)( )	(Form	990, 990-1	EZ, or 990-PF).
K Fo	orm of or	ganization: 🗹	Corporation Trust Association Other			
L A	dd lines	5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total a	ssets (Par	t II, column (B)
belo	ow) are	·	more, file Form 990 instead of Form 990-EZ ▶ \$ 36,752			
P	art I	Revenue	Expenses, and Changes in Net Assets or Fund Balances (see the insecond and set organization used Schedule O to respond to any question in this Part I	struction	s for Part I	(i)
		CHECK II (II)	e organization used Schedule O to respond to any question in this Fart I			
	1	Contribution	is, gifts, grants, and similar amounts received		. 1	10,999
	2	Program ser	vice revenue including government fees and contracts		. 2	0
	3	Membership	dues and assessments		. 3	3,771
	4	Investment	income		. 4	0
	5a	Gross amou	nt from sale of assets other than inventory	3,	469	
	b	Loss: cost o	rother basis and sales expenses		-	
ë	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5c	3,469
en.	6		fundraising events		·   30	
Revenue	а	-		0		
-	b		e from gaming (attach Schedule G if greater than \$15,000) . <b>6a</b> e from fundraising events (not including \$ 0 of contributions			
			sing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000) 6b		987	
	С	Less: direct	expenses from gaming and fundraising events		879	
	d	Not income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract lin	ne 6c)	6d	2,108
	7a		of inventory, less returns and allowances		526	
	b	Less: cost of			432	
	c		or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c	8,094
	8		ue (describe in Schedule O)		. 8	0
	9		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			28,441
					9	0
	10		similar amounts paid (list in Schedule O)		10	43
	11	•	d to or for members		11 12	
	12	•	ner compensation, and employee benefits		. 13	1,055
55	13		fees and other payments to independent contractors		. 14	0
ns.	14		rent, utilities, and maintenance		. 15	638
Expenses	15 16		nses (describe in Schedule O)		. 16	27,960
បា	1 <b>0</b> 17	•	ises. Add lines 10 through 16		-	29,696
			_	• •	17	-1,255
St.	18		eficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (must agree with		. 18	-1,255
SS	19					49,608
Net Assets	20		figure reported on prior year's return)		. 19	49,608
Se	20 21		les in net assets or fund balances (explain in Schedule O)		· 20 ▶ 21	48,353
	4. L	ivel assets (	N Intin paratices at elia of Aeat. Compile intes to autoday to		-   41	.0,000

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I Form **990-EZ** (2014)

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 Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization and section 501(h) election in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the tax year?  The section 501(c)(3) organization in effect during the section 501(c)(3) organization organization contributions to contributio										
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Check if the organization used Schedule O to respond to any question in this Part VI    Vea   No	Par	t VI	All section 501(c)(3) orga		questions 47-49b an	nd 52, and	complete the	tables fo	or lines	50 and
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?  47 No 17 **res," complete Schedule C, Part II  48 Is the organization make any transfers to an exempt non-charitable related organization?  48 No 49 If "Yes," was the related organization a section 527 organization?  49 If "Yes," was the related organization a section 527 organization?  49 No 40				ed Schedule O to respond t	o any question in this F	Part VI				🗇
## 18 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						······································			Yes	No
Did the organization make any transfers to an exempt non-charitable related organization?	47							? 47		No
Total number of other employees paid over \$100,000  f Total number of other independent contractors each independent contractors who each received more than \$100,000 of compensation from the organization of which perspace and bey 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   (c) Reportable   (d) Health benefits   (d)	48	Is the o	organization a school as descr	ibed in section 170(b)(1)(	A)(ii)? If "Yes," complete	e Schedule E		48		No
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 "note."  (a) Name and title of each employee  (b) Average  (c) Reportable compensation contractions and title of each employee hours per week devoted to position  (Forms W-2/1099-MISC)  (compensation complete fishers, and deferred compensation in the organization. If there is none, enter "Note."  (a) Name and business address of each 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  (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.  (e) Compensation over \$100,000 or \$100,000.  (f) Type of service (g) Compensation over \$100,000 or	49a	Did the	organization make any trans	fers to an exempt non-cha	ritable related organiz	ation? .		49a		No
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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.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach acompleted Schedule A  Under penalties of perjar 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 Signature  Paid  Prim's ressurer  Type or print name and title  Firm's name  Firm's name  Firm's name  Firm's elin Firm's										
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   Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach acompleted Schedule A  Under penalties of perjar I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, life true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid  Prim's ressurer  Type or print name and title  Firm's name  Firm's signature  Preparer's signature  Preparer's signature  Preparer Use Only  Firm's address  Firm's address  Phone no.										
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d Total number of other independent contractors each receiving over \$100,000	51					tractors who	each received	more tha	an \$100	,000 of
Total number of other independent contractors each receiving over \$100,000			(a) Name and business add	ress of each independent	contractor	<b>(b)</b> Ty	pe of service	(c)	Compe	nsation
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach acompleted Schedule A  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   Signature   Other than officer   Date    Firm's name   Preparer's signature   Date   Check   if self-employed    Firm's address   Firm's address   Phone no.	NONE	=		·						
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach acompleted Schedule A  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   Signature   Other   Other    Signature of officer   Other    Firm's name   Preparer's signature   Date   Check   if self-employed    Firm's name   Firm's address   Phone no.										
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach acompleted Schedule A  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, little true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign   Signature   Other   Other    Signature   Other   Other    Firm's name   Other   Other    Firm's address   Other    Firm's addre										
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Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach acompleted Schedule A  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, little true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign   Signature   Other   Other    Signature   Other   Other    Firm's name   Other   Other    Firm's address   Other    Firm's addre										
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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	52	Did the	organization complete Scheo	dule A? <b>NOTE.</b> All Section 5			acompleted So	eren.	*****	No
Sign Here Signature of officer Date  Grace Neagle Treasurer  Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Prim's address  Date  Check if self-employed  Firm's name  Firm's name  Firm's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name	Unde	r penalti	es of perjury I declare that I ha	ve examined this return, in	cluding accompanying so	chedules and	statements, an	d to the b	est of m	,
Sign Here  Signature of officer  Grace Neagle Treasurer  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if self-employed  Firm's name  Firm's name  Firm's ell Print/Type preparer's name  Firm's name  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Pr			d belief, it is true, correct, and	complete, Declaration of pre	eparer (otner than omcer	) is based on	all information	of Which	preparer	nas any
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Fillis dudiess F										
	Jot	. Unity	Firm's address				Phone no.			
May the IRS discuss this return with the preparer shown above? See instructions							<b>.</b>	120	(%) -·	

Form **990-EZ** (2014)

/2016		TY Form 990EZ					
orm 990-EZ (2014)							Page <b>2</b>
Part II Balance Sheets (see the in Check if the organization used	•	ny question in this Part	II				0
		(A)	Beginning of y	ear	-	(B) End of year	
22 Cash, savings, and investments			4	9,608	22		48,352
23 Land and buildings				q	23		0
24 Other assets (describe in Schedule O) .				q	24		0
25 Total assets			4	9,608	25		48,352
26 Total liabilities (describe in Schedule (	0)			d	26		0
27 Net assets or fund balances (line 27	of column (B) <b>must</b> agree w	vith line 21)	4	9,608	27		48,352
Check if the organization used  What is the organization's primary exempt Describe the organization's program service as measured by expenses. In a clear and copersons benefited, and other relevant informations.	I Schedule O to respond to a purpose? <u>Support Dudley Fa</u> e accomplishments for each oncise manner, describe the	iny question in this Part arm Historic State Park. of its three largest prog services provided, the	III . 🗭	and optic	uired 501(c	penses for section 501(c )(4) organization or others.)	
28 Fund portion of farm technician position		400					
Grants \$ 0) If this amount includes foreign	grants, check here	. >0		28a			9,000
29 Purchase event tent		f-45p					
Grants \$ 0) If this amount includes foreign	grants, check here	. •0		29a			7,624
30 Livestock maintenance Grants \$ 0) If this amount includes foreign	<del></del>			30a			3,732
Other purchases for the farm including port Funding of events including second Saturda complex, etc.	ys, Reconstruction event, P	low days, etc. Repairs to	ector, etc. o syrup				
Grants \$ 0) If this amount includes foreign		<u>. ►U</u>		31a			7,604
32 Total program service expenses (add	lines 28a through 31a)	1 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		32	· ol	tions for Dort DA	27,960
Part IV List of Officers, Directors, Tr Check if the organization used	Schedule O to respond to a	ny question in this Part	T\/			(	
(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 contribut employee be and de compen	tions t nefit p ferred	o olans,	(e) Estimated a of other compe	
See Additional Data Table							

TY Form 990EZ

Page 3

τV	Other Information (Note	. the benedule // din	a personal benefit co	Jilli act States				***
	instructions for Part V.) Check if t	he organization used	Schedule O to respond	to any questi	on in this Part V	• • •	. 6	<u>]</u>
							Yes	No
			viously reported to the	IRS? If "Yes,"	provide a	33		No
of the a	amended documents if they reflect					34		No
Did the activiti	organization have unrelated bus es (such as those reported on line	ness gross income of ss 2, 6a, and 7a, amon	\$1,000 or more during g others)?	the year from	business	35a		No
If "Yes,	" to line 35a, has the organization	i filed a <b>Form 990-T</b> f	or the year? If "No," pro	ovide an explan	ation in Schedule O	35b		No
						35c		No
Did the	e organization undergo a liquidation ar? If "Yes," complete applicable p	on, dissolution, termin arts of Schedule N	ation, or significant dis	sposition of ne	t assets during	36		No
Enter an	nount of political expenditures, direct or	ndirect, as described in th	e instructions. 🏲	37a	(	0		
Did the	organization file Form 1120-PO	<b>L</b> for this year? .				37b		No
Did the	e organization borrow from, or mal	ce any loans to, any o	fficer, director, trustee,	, or key emplo	yee <b>or</b> were			
any su	ch loans made in a prior year and	still outstanding at th	e end of the tax year c	covered by this	return?	38a		No
If "Yes,	" complete Schedule L, Part II and	l enter the total amou	nt involved .	38b				
Section	n 501(c)(7) organizations. Enter:							
Initiati	on fees and capital contributions i	ncluded on line 9		39a				
Gross r	eceipts, included on line 9, for pul	olic use of club facilitie	es	39b		7		
Section	n 501(c)(3) organizations. Enter ar	nount of tax imposed	on the organization du	ring the year	under:			
excess	benefit transaction during the ve-	ar, or did it engage in	an excess benefit trans	saction in a pr	ior year that	40b		No
Section manag	$\sim 501(c)(3)$ , $501(c)(4)$ , and $501(c)(6)$	29) organizations. Ent the year under sectio	er amount of tax impo ns4912, 4955, and 495	sed on organiz 8	ation •	2		
		29) organizations. Ent	er amount of tax on lir	ne 40c reimbur	sed	2		
All orga	anizations. At any time during the ction? If "Yes," complete Form 888	tax year, was the org 6-T	anization a party to a	prohibited tax	shelter	40e		No
List the	states with which a copy of this return i	s filed. 🟲						
	-	<del></del>		<u>462</u>				
				anatura ar ath	or outhority	_	Van I	- Na
over a	financial account in a foreign cour	itre organization nav itry (such as a bank a	ccount, securities acco	ount, or other f	nancial	42b	Yes	No No
See the	e instructions for exceptions and f	iling requirements for			gn Bank and			
•	- · · · · · · · · · · · · · · · · · · ·		intain an office outside	the U.S.?	Į	42c		No
If "Yes	," enter the name of the foreign co	ountry: 🛌						va
Section and en	4947(a)(1) nonexempt charitable ter the amount of tax-exempt into	trusts filing Form 990 erest received or accr	-EZ in lieu of <b>Form 10</b> - ued during the tax year	<b>41 -</b> Check he	re			~
		funds during the year? If	"Yes," Form 990 must be o	completed instead	d of	44a	Yes	<b>No</b> No
						44b		No
Did the	e organization receive any payme	nts for indoor tanning	services during the ye	ar?		44c		No
	," to line 44c, has the organization nation in Schedule O	n filed a Form 720 to re	eport these payments?	If "No," provid	le an	44d		No
•		ntity within the mean	ing of section 512(b)(1	.3)?		45a		No
Did the	e organization have a controlled e	mercy with the mount				- 1		
	Did the detaile Were a of the a on Schill the activitit If "Yes, Was the notice, Did the the year and the any surf "Yes, Section access has no Section excess has no Section excess has no Section access has no Locate At any over a account If "Yes See the The o Locate At any over a account If "Yes See the Finance At any over a account If "Yes See the Finance At any over a account If "Yes See The At any If "Yes See The At any over a account If "Yes See The At any If "Yes See The A	instructions for Part V.) Check if the companization engage in any significated description of each activity in Source any significant changes made to the of the amended documents if they reflect on Schedule O (see instructions).  Did the organization have unrelated busing activities (such as those reported on line of the organization as ection 501(c)(4) and the organization as ection 501(c)(4) notice, reporting, and proxy tax requirem. Did the organization undergo a liquidation the year? If "Yes," complete applicable positive, reporting, and proxy tax requirem. Did the organization file Form 1120-PO (and the organization borrow from, or make any such loans made in a prior year and if "Yes," complete Schedule L, Part II and Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions in Gross receipts, included on line 9, for put Section 501(c)(3) organizations. Enter are section 501(c)(3) organizations. Enter are section 501(c)(3), 501(c)(4), and 501(c)(excess benefit transaction during the years not been reported on any of its prior Section 501(c)(3), 501(c)(4), and 501(c)(managers or disqualified persons during Section 501(c)(3), 501(c)(4), and 501(c)(managers or disqualified persons during the transaction? If "Yes," complete Form 888.  List the states with which a copy of this return is The organizations. At any time during the transaction? If "Yes," complete Form 888.  List the states with which a copy of this return is The organization's books are in care of Located at 18730 West Newberry RdNewb. At any time during the calendar year, did over a financial account in a foreign cour account)?  If "Yes," enter the name of the foreign couractod at 18730 West Newberry RdNewb. At any time during the calendar year, did over a financial account in a foreign couractod at 18730 West Newberry RdNewb. At any time during the calendar year, did over a financial account in a foreign couractod at 18730 West Newberry RdNewb. At any time during the calendar year, did over a financial account in a forei	Did the organization engage in any significant activity not predetailed description of each activity in Schedule O  Were any significant changes made to the organizing or govern of the amended documents if they reflect a change to the organization of the amended documents if they reflect a change to the organ on Schedule O (see instructions)  Did the organization have unrelated business gross income of activities (such as those reported on lines 2, 6a, and 7a, amon If "Yes," to line 35a, has the organization filed a Form 990-T if Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(notice, reporting, and proxy tax requirements during the year? Did the organization undergo a liquidation, dissolution, termin the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any or any such loans made in a prior year and still outstanding at the If "Yes," complete Schedule L, Part II and enter the total amou Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did excess benefit transaction during the year, or did it engage in the san to the ne reported on any of its prior Forms 990 or 990-EZ:  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter managers or disqualified persons during the year under section by the organization.  All organizations. At any time during the tax year, was the organization for the states with which a copy of this return is filed.   The organization's books are in care of lames Dresser Teleph Located at largounds for the foreign country; Late of the organization main in a foreign country (such as a bank a account)? If "Yes," enter the name of the foreign country; largonization main fres, enter the name of	Did the organization engage in any significant activity not previously reported to the detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Ye of the amended documents if they reflect a change to the organization's name. Other on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," pr Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject notice, reporting, and proxy tax requirements during the year? If "Yes," complete Sci Did the organization undergo a liquidation, dissolution, termination, or significant dist the year? If "Yes," complete papilicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶  Did the organization borrow from, or make any loans to, any officer, director, trustee any such loans made in a prior year and still outstanding at the end of the tax year of If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did the langual in an excess benefit transaction during the year, or did the langual in an excess benefit transaction during the year, or did the langual in an excess benefit transaction during the year, or did the langual in an excess benefit transaction of organizations and the year or did the langual in an excess benefit transaction of organization and the year or did the langual in the part of	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Yes," attach a cor of the amended documents if they reflect a change to the organization's name. Otherwise, explain on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explain Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 60 ontice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net the year? If "Yes," complete schedule C, Part Did the organization for political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ any such loans made in a prior year and still outstanding at the end of the tax year covered by this If "Yes," complete Schedule L, Part II and enter the total amount involved  33b  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the organization during the year is section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the organization during the year is section 40(c)(3), 501(c)(4), and 501(c)(2)) organizations. Enter amount of tax imposed on organization and the proposed on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II  Section 501(c)(	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule O (see instructions)  Old the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O (was the organization a section \$503(e); 40, 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section \$6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule C, Part III  Did the organization file Form 1120-PDL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(3) organizations. Enter:  Initiation fees and capital contributions included on line 9  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any saction 4912 Pg.; section 4912 Pg.	Did the organization engage in any significant activity not previously reported to the ISS? If "Yes," provide a detailed description of each activity in Schedule O  Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34 of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35 on Schedule O (see instructions)  36 on Schedule O (see instructions)  37 on Schedule O (see instructions)  38 on Schedule O (see instructions)  39 on Schedule O (see instructions)  39 on Schedule O (see instructions)  30 on Schedule O (see instructions)  30 on Schedule O (see instructions)  30 on Schedule O (see instructions)  31 on Schedule O (see instructions)  32 on Schedule O (see instructions)  33 on Schedule O (see instructions)  34 or Schedule O (see instructions)  35 on Schedule O (see instructions)  36 on Schedule O (see instructions)  37 on Schedule O (see instructions)  38 on Schedule O (see instructions)  39 on Schedule O (see instructions)  30 on Schedule O (see instructions)  31 on Schedule O (see instructions)  32 on Schedule O (see instructions)  33 on Schedule O (see instructions)  34 on Schedule O (see instructions)  35 on Schedule O (see instructions)  36 on Schedule O (see instructions)  37 on Schedule O (see instructions)  37 on Schedule O (see instructions)  38 on Schedule O (see instructions)  39 on Schedule O (see instructions)  3	Did the organization and part v.) Check if the organization used Schedule O to respond to any question in this Part v.   Ves

Page 4	4
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								Yes	No
16	Did the o	organization engage, directly ses for public office? If "Yes,"	y or indirectly, in political complete Schedule C, Par	campaign activities on	behalf of or i	n opposition to	46		No
Par	Α	Section 501(c)(3) orga All section 501(c)(3) orga	nnizations only anizations must answer	questions 47-49b ar	nd 52, and o	complete the t	tables fo	or lines	50 an
	Č	51 Check if the organization use	ed Schedule O to respond t	o any question in this I	Part VI				(
								Yes	No
17	If "Yes,"	organization engage in lobby complete Schedule C, Part I	· · · · · ·				47		No
8		ganization a school as descr					48		No
9a		organization make any trans				• • • • •	49a		No
	•	was the related organization	=				49b		No
0	Complete employe	e this table for the organizates) who each received more	tion's five highest compen e than \$100,000 of compen	sated employees (othe sation from the organi	er than officer zation. If ther	s, directors, tru e is none, ente	istees an er "None.'	id key "	
(a)	) Name ar	nd title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	contrib employee I and d		(e) Estin		
ONE	•								
			·						
						1			
f 51	Complet	al number of other employed	tion's five highest compen	sated independent con	itractors who	each received	more tha	 an \$100	. • 000,
	Complet	al number of other employed te this table for the organiza sation from the organization (a) Name and business add	ition's five highest compen I. If there is none, enter "N	one."		each received		on \$100	,000 o
i1 	Complet	te this table for the organiza sation from the organization	ition's five highest compen I. If there is none, enter "N	one."					,000 o
i1 	Complet	te this table for the organiza sation from the organization	ition's five highest compen I. If there is none, enter "N	one."					,000 a
1	Complet	te this table for the organiza sation from the organization	ition's five highest compen I. If there is none, enter "N	one."					,000 o
i1 	Complet	te this table for the organiza sation from the organization	ition's five highest compen I. If there is none, enter "N	one."					,000 a
1	Complet	te this table for the organiza sation from the organization	ition's five highest compen I. If there is none, enter "N	one."					,000 a
1	Complet	te this table for the organiza sation from the organization	ition's five highest compen I. If there is none, enter "N	one."					,000 c
1 NONE	Complet compens	te this table for the organiza sation from the organization (a) Name and business add	ition's five highest compen . If there is none, enter "N dress of each independent	one."			(c)		,000 a
d	Complet	te this table for the organiza sation from the organization	ition's five highest compen . If there is none, enter "N dress of each independent dress of each independent	one."  contractor  ving over \$100,000.	( <b>b</b> ) Ту	pe of service	(c)	Compe	,000 c
d d 2	Tota Did the o	te this table for the organization from the organization  (a) Name and business add  al number of other independence organization complete Scheen	ition's five highest compent. If there is none, enter "N dress of each independent dent contractors each received at the contractors and the contractors are the contractors. In section 5	ving over \$100,000. 501(c)(3) organizations	(b) Ty	pe of service	(c)	Compe	,000 c
d d i2	Tota Did the or	te this table for the organization from the organization  (a) Name and business add  (a) Name and business add  al number of other independent	ition's five highest compent. If there is none, enter "N dress of each independent dent contractors each received at the contractors and the contractors are the contractors. In section 5	ving over \$100,000. 501(c)(3) organizations	(b) Ty	pe of service	(c)	Compe	,000 c
d d 52	Tota Did the or penalties reledge and	al number of other independent organization from the organization (a) Name and business add all number of other independent organization complete Schemes of perjury, I declare that I his belief, it is true, correct, and	ition's five highest compent. If there is none, enter "N dress of each independent dent contractors each received at the contractors and the contractors are the contractors. In section 5	ving over \$100,000. 501(c)(3) organizations	(b) Ty	acompleted Sc	(c)	Compe	,000 c
d 2 nden	Tota Did the or penalties liedge and	te this table for the organization from the organization (a) Name and business add all number of other independent organization complete Scheens of perjury, I declare that I his belief, it is true, correct, and	ition's five highest compent. If there is none, enter "N dress of each independent dent contractors each received at the contractors and the contractors are the contractors. In section 5	ving over \$100,000. 501(c)(3) organizations	(b) Ty	pe of service  acompleted Sc	(c)	Compe	,000 o
d 2 nden	Tota Did the or penalties liedge and	al number of other independ organization complete Scherorganization complet	ition's five highest compent. If there is none, enter "N dress of each independent dent contractors each received at the contractors and the contractors are the contractors. In section 5	ving over \$100,000. 501(c)(3) organizations	(b) Ty	acompleted Sc	(c)	Compe	,000 c
d di2	Tota Did the or rependities and redge and redge.	te this table for the organization from the organization (a) Name and business add all number of other independent organization complete Scheens of perjury, I declare that I his belief, it is true, correct, and	ition's five highest compent. If there is none, enter "N dress of each independent dent contractors each received at the contractors and the contractors are the contractors. In section 5	ving over \$100,000.  501(c)(3) organizations	(b) Ty	acompleted Sc	(c)	Compe	,000 o
d d 52	Tota Did the or penalties dedge and redge.	al number of other independ organization from the organization  (a) Name and business add  al number of other independ organization complete Scheological for the belief, it is true, correct, and  Signature of officer  Grace Neagle Treasurer  Type or print name and title  Print/Type preparer's name	tion's five highest compent. If there is none, enter "Nitress of each independent dent contractors each received are A? <b>NOTE.</b> All Section Save examined this return, in complete. Declaration of present complete.	ving over \$100,000.  501(c)(3) organizations	(b) Ty  must attach  chedules and r) is based on	acompleted Sc	b o hedule A	Compe	,000 o
d d 52 Under mow	Tota Did the or rependities and redge and redge.	al number of other independ organization complete Scheen sof perjury, I declare that I habelef, it is true, correct, and Signature of officer Grace Neagle Treasurer Type or print name and title	tion's five highest compent. If there is none, enter "Nitress of each independent dent contractors each received are A? <b>NOTE.</b> All Section Save examined this return, in complete. Declaration of present complete.	ving over \$100,000.  501(c)(3) organizations	must attach chedules and r) is based on	acompleted Sc	b o hedule A	Compe	,000 o

Form **990-EZ** (2014)

# Additional Data

Software ID: **Software Version:** 

EIN: 59-3400683

Name: Friends of Dudley Farm Inc

Form 990-EZ, Special Condition Description:

**Special Condition Description** 

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for 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	
Art Wade	President	5	0	0	
Norm Tankersley	Vice President	5	0	0	
Anne Hair	Vice President	5	0	0	
Grace Neagle	Treasurer	5	0	0	
Emelie Matthews	Secretary	5	0	0	
Archie Matthews	Secretary	5	0	0	

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

# **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.

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

	of the organization s of Dudley Farm, Inc.					Employer identification	1 number 00683
Part		rity Status (All	organizations must	comple	to this n	<u> </u>	
	rganization is not a private founda						лю.
	A church, convention of churc				•	•	
	A school described in section					· · · · · · · · · · · · · · · · · · ·	
	A hospital or a cooperative ho		· ·	n <b>sectio</b> i	170(b)(1	D(A)(iii).	
	A medical research organization hospital's name, city, and state	on operated in c					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
	<ul> <li>A federal, state, or local gover</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	stantial part of its sup				n the general public
8	A community trust described i	n <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	l operated exclu	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations o	described in section 5	09(a)(1) c	r <b>section</b>	509(a)(2). See sect	i <b>on 509(a)(3).</b> Check
а	☐ <b>Type I</b> . A supporting organize the supported organization(sorganization. <b>You must com</b>	) the power to re	egularly appoint or ele				
b	☐ <b>Type II</b> . A supporting organication or management of the organization(s). <b>You must control</b>	e supporting or	ganization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☑ Type III non-functionally in that is not functionally integr requirement (see instructions)	ated. The organ	ization generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	oorted organization(s)	•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(55551461676))	Yes	No		
(A) ^{FL}	DEP Div of Parks & Rec	59-6007353	Gevernment			0	0
(B)							
(C)							4
(D)							
(E)		,					
	***************************************						

Ves No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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(E'	000 0	000-E	Z) 2014

Schedul	e A (Form 990 or 990-E∠) 2014	9
Part		Van Na
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
b	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c 🗸
C Secti	on B. Type I Supporting Organizations	
oeca	on b. Type I capper and c. gameane	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Sect	ion D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2 1
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity</li> </ul>	
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	30197	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	33380	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(3183)	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b	51995	
c Fair market value of other non-exempt-use assets	1c		,
d Total (add lines 1a, 1b, and 1c)	1d	51995	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	51995	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	780	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	51215	
6 Multiply line 5 by .035	6	1793	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	1793	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		(3183)
2 Enter 85% of line 1	2		(2705)
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1793
4 Enter greater of line 2 or line 3	4		1793
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	and the Mathematical	1793
7 Check here if the current year is the organization's first as a non-functional	v-int	egrated Type III supporting	organization /soc

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	9000		
2	Amounts paid to perform activity that directly furthers ex	orted	19997	
	organizations, in excess of income from activity			10007
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	699
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions		Thillippe	·
	Total annual distributions. Add lines 1 through 6.			29696
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			1793
10	Line 8 amount divided by Line 9 amount	·	y	16.56
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	A Committee of the Comm		a service of the serv	
b				
С				
<u>d</u>				
e	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)	***		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount  Remainder. Subtract lines 4a and 4b from 4.			
<u> </u>				
3	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
٠	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

-     Schedule B  Form 990, 990-EZ,	Schedule of Contributors		OMB No. 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF.		2014
Name of the organization	1	<b>Employer</b> id 59-3400683	l dentification number
Organization type (checl	k one);	<del></del>	
Filers of: Form 990 or 990-EZ	Section:  501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private f	foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private found	dation	
	501(c)(3) taxable private foundation		

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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.

#### **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 2 Name of organization Employer identification number Friends of Dudley Farm Inc 59-3400683 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. The Husking Foundation Inc Person 🕝 1 291 Peddlers Rd Payroll 🚳 7,000 Noncash 💮 Guilford, CT 06437 (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 💮 Payroll 🕞 Noncash 🛜 (Complete Part II for noncash contributions.) (a) (b) (c) Total contributions Νo. Name, address, and ZIP + 4 Type of contribution Person 🕞 Payroll 💮 Noncash 🖂 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 💮 Payroll 💮 Noncash 💮 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 🗐 Payroll 📋 Noncash @ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person @ Payroll 💮 Noncash 🔚

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

(Complete Part II for noncash contributions.)

Page 3 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Friends of Dudley Farm Inc **Employer identification number** 59-3400683 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) FMV (or estimate) (see instructions) from Date received Description of noncash property given Part I \$ (a) No. (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) \$ (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (c)
FMV (or estimate)
(see instructions) (a) No. (d) from Description of noncash property given Date received Part I \$

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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.

**TIN:** OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization Friends of Dudley Farm Inc Employer identification number

59-3400683

Part III, Line 31 Other purchases for the farm including porta-pottie, period dothing, collections computer, projector, etc. Funding of events including second Saturdays, Reconstruction event, Plow days, etc. Repairs to syrup complex, etc.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2014

SHORT YEAR

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

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.

Α	For the	2015 calend	ar year, or tax year beginning Oct 1, 20	5, and ending	Dec	cember 3	1 , 20 15		
В	Check if ap	plicable:	C Name of organization		D Emp	loyer iden	tification number		
	Address cl	hange	Friends of Dudley Farm, Inc.			3400683			
님	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Tele	E Telephone number			
H	Initial retur		18730 W Newberry Rd.			386-	454-2462		
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Gro	up Exemp	otion		
Ħ	Application		Newberry FL 32669		Nur	mber 🕨			
G	Account	ing Method:		ı	1 Check	▶ ☐ if tl	he organization is <b>no</b> t		
	<b>N</b> ebsite	-	dsofdudleyfarm.org				h Schedule B		
J 1	ax-exem		ck only one) — 区 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1	) or 527	(Form 9	90, 990-E	EZ, or 990-PF).		
				<u>.                                      </u>	-				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000		tal assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$			
1	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see th	e instru	ctions f	or Part I)		
_			the organization used Schedule O to respond to any question						
	1		ns, gifts, grants, and similar amounts received			1	365		
	2		ervice revenue including government fees and contracts			2			
	3	•	ip dues and assessments			3	360		
	4	Investment	•			4			
	5a		1 _	a					
	b			b					
	C		ss) from sale of assets other than inventory (Subtract line 5b from			5c			
	6	Gaming and fundraising events							
e	a	•	ome from gaming (attach Schedule G if greater than						
				a					
Revenue	b		me from fundraising events (not including \$	of contribution	ons				
ě	~		aising events reported on line 1) (attach Schedule G if the						
ш			h gross income and contributions exceeds \$15,000) 6	ь	2108				
	С		t expenses from gaming and fundraising events 6		581	- A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	d		e or (loss) from gaming and fundraising events (add lines 6a		ubtract				
		line 6c) .				6d	1527		
	7a	Gross sale	s of inventory, less returns and allowances	a	5857				
	b		of goods sold		1883	1000000			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	3974		
	8		nue (describe in Schedule O)			8	84		
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	6310		
	10		similar amounts paid (list in Schedule O)			10			
	11		aid to or for members			11			
Ś			ther compensation, and employee benefits			12			
Expenses	13		al fees and other payments to independent contractors			13			
e.	14		/, rent, utilities, and maintenance			14	150		
$\overline{\Sigma}$	15	Printing, publications, postage, and shipping					35		
	16		enses (describe in Schedule O)			15 16	2711		
	17		enses. Add lines 10 through 16			17	2896		
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	3414		
ets	19		or fund balances at beginning of year (from line 27, column (						
SS	-		r figure reported on prior year's return)			19	48352		
Net Assets	20	•	iges in net assets or fund balances (explain in Schedule O)			20			
ž	21		or fund balances at end of year. Combine lines 18 through 20			21	51766		

Par						
	Check if the organization used Schedul	e O to respond to a	ny question in this		• •	(D) End of year
00	Cook acuings and investments		-	(A) Beginning of year 48352	22	(B) End of year 51766
22 23	Cash, savings, and investments			40332	23	31700
24	Other assets (describe in Schedule O)				24	
25	Total assets			48352	25	51766
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of colum			48352	27	51766
Par	<del></del>	•				Expenses
Mhat	Check if the organization used Schedulis the organization's primary exempt purpose?	e O to respond to al Support Dudley Fari				uired for section
						c)(3) and 501(c)(4) nizations; optional for
	ribe the organization's program service accomp easured by expenses. In a clear and concise r				othe	• •
	ons benefited, and other relevant information for e					
28	Sponsor Fall Harvest Days - approximately 1500 of	general public in atter	ndance.			
	(Out the d	tipolyaloo fouciero auc	nto chaolchara		200	581
29	(Grants \$ ) If this amount Parts and repairs to the event tent. Used by many a	t includes foreign gra		· · · <b>/</b> L	28a	301
23	raits and repairs to the event tent. Oscuby many	activities and many pe				
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	▶ □	29a	1093
30	Provide feed and veterinarian services for livestock	c - approximatly 12 cra	cker cows, several o	calves and 3 mules		
	(Cronto ¢ ) If this amoun	t includes foreign gra	ents obook horo		30a	246
	(Grants \$ ) If this amoun Other program services (describe in Schedule O)				Jua	240
٠.		t includes foreign gra		▶ □	31a	447
32	Total program service expenses (add lines 28a				32	1363
Part					nstrud	ctions for Part IV)
	Check if the organization used Schedul	e O to respond to a			<del></del>	📙
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
Art V	/ade, President, Director					
		5			0	0
Emel	ie Matthews, Vice President, Director	5				
		J	(		0	0
Grac	e Neagle, Treasurer, Director	5				
	- Maddania Casastoni Dinaston			)	0	0
Arcn	e Matthews, Secretary, Director	5		1	0	0
Step	nanie Bartsch, Director	_			1	
1-		5	(		0	0
Gayl	e Ambrose, Director	5				
		3			0	0
Norn	n Tankersley, Director	5				
	ing McDawall Director			)	0	0
LOIT	ine McDowell, Director	5			0	0
					1	
		·				
<b>_</b>						
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1 01111 00	70 12 (2010)			9-
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Fait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	NO
	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	ļ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	00		٠,
07-		36		X
37a		37b	EC State	X
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	375		^
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	20.20	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9		1000	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	3.2		
	section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	*********	×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	1	19.	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			, v
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	1. Pe from Ment	×
41	List the states with which a copy of this return is filed ► FL			
42a	The organization's books are in care of ▶ Grace Nagle Telephone no. ▶	352-39	5-132	8
	Located at ► 18730 W Newberry Rd, Newberry FL ZIP + 4 ►	32	669	1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	3,802,000,000	X
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
С	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	April 10 mars of the second	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	9.9		
	completed instead of Form 990-EZ	44b		×
C	Did the organization receive any payments for indoor tanning services during the year?	44c	35723	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	A A =1		22.55
A P -	·	44d 45a		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	+3d	2000	X
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 (see instructions)	45h	1222242	Y X

46	Did th	ne organization engage, directly or ir	ndirectly, in political c	ampaign activities	on behalf	of or in op	positio	on 🗔	Yes	NO
		ndidates for public office? If "Yes," o						46		×
Part \	_ ,	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b ar	nd 52, an	d complet	te the	tables	for lin	es
	(	Check if the organization used Scl	nedule O to respond	to any question i	n this Pa	t VI				. 🗆
47 48	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par organization a school as described in	tII					47 48		No x
49a	Did the If "Yes Comp	the organization a school as described in ee organization make any transfers to s," was the related organization a se olete this table for the organization's byees) who each received more than	o an exempt non-cha ection 527 organizatio five highest compen	ritable related orga n? sated employees (	anization?  (other tha	officers, o	 lirecto	49a 49k rs, trust	ees an	x nd key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) contrib benefit	Health benefits utions to empl plans, and def ompensation	s, oyee (	e) Estima: other co	ted amo	unt of
None										
				_						
										······································
	Comp	number of other employees paid over elete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	ent contra	 ctors who	each	received	d more	than
	(a) l	Name and business address of each independ	lent contractor	<b>(b)</b> Type of :	service		(c) C	Compensa	tion	
None										
d 52	Did t	number of other independent contra he organization complete Schedu leted Schedule A				ns must a		a ► <b>≭ Ye</b>	s 🔲 1	No
Under pe true, con	enalties or rect, and	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than	return, including accompany n officer) is based on all info	ying schedules and stat rmation of which prepa	ements, and rer has any k	to the best of nowledge.	my kno	wledge an	d belief,	it is
Sign Here		Signature of officer			·	Date				
Paid		Gracee Neagle, Treasurer Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Chec	ek 🗌 i	f PTIN		
Paid Prepa Use (		Firm's name ▶					employe			
		Firm's address ►	r shown above? See i	nstructions		Phone no.		. □ Ve	<u> </u>	No.

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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
2015

Open to Public Inspection

Employer identification number

Frier	nds of Dudley Farm, Inc.					59-34	00683	
Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The c 1 2 3 4	organization is not a private foundar A church, convention of church A school described in section A hospital or a cooperative homagnetical research organization hospital's name, city, and state	hes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descri (Attach Schedule E (F ganization described i	ibed in <b>se</b> orm 990 n <b>sectior</b>	ection 17 or 990-E 1 170(b)(1	<b>0(b)(1)(A)(i).</b> Z).) I <b>)(A)(iii).</b>	(iii). Ent	er the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			•		al unit o	described ir
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the ge	eneral public
8 9	☐ A community trust described i☐ An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mod to its exemptent income and	re than 331/3% of its functions—subject to unrelated business	support i certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	e than 3	33¹/₃% of its
10 11	☐ An organization organized and ☑ An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusi d organizations d	vely for the benefit of, escribed in <b>section 5</b> 0	to perfor 09(a)(1) o	m the fun r <b>section</b>	ctions of, or to carry <b>509(a)(2).</b> See <b>sect</b>	ion 509(	(a)(3). Check
а	☐ <b>Type I</b> . A supporting organiz the supported organization(s organization. <b>You must com</b>	) the power to re	egularly appoint or ele					
b	☐ Type II. A supporting organized or management of the organization(s). You must contain the contains a support of th	e supporting org	ganization vested in th					
С	Type III functionally integral its supported organization(s)						y integra	ated with,
d	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	-	
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type	III
f g	Enter the number of supported or Provide the following information		oorted organization(s).					1
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	others	Amount of support (see tructions)
				Yes	No			
A) FI	L DEP Dev of Parks & Rec	59-6007353	Government	×		0		0
B)								·
C)								
D)								
E)								
_	·				100			

							1 age =
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	ease comple	te Part III.)	
	on A. Public Support						
Calen	idar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				i		
	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		100		47.0		
	governmental unit or publicly supported organization) included on				1		
	line 1 that exceeds 2% of the amount	4				100	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			# 1 m		9.0	
	on B. Total Support		(1838) - 1	And the state of t		THE PROPERTY OF THE PROPERTY O	
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
44	' '						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	nns)			12	
13	First five years. If the Form 990 is for the	•	•	third fourth	or fifth tax ve		501(c)(3)
	organization, check this box and <b>stop he</b>	-			<del>-</del>		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6	3, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2014 Sch					15	%
16a	331/3% support test-2015. If the organize						
	box and <b>stop here.</b> The organization qua	-		-			
b	33 ¹ / ₃ % support test—2014. If the organ					15 is 33 ¹ / ₃ % (	or more,
	check this box and <b>stop here.</b> The organ	•					. ▶ ⊔
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f			t. The organiza	•	as a publicly su	ірропеа 🗖
	organization						. – 🗆
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m						
		eets the Tacts					
18	Private foundation. If the organization di						
	instructions		-		•		

# 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	•					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
7 4	received from disqualified persons .						
h	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			194		and the same of th	
Secti	on B. Total Support	por control control energy control controls souther out the	Contraction and an arrangement of the state	Common and who common control to the second second control	the second control of	Sample of Charles and Charles	
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	L organization	l n's first secon	l d_third_fourth	or fifth tax v	ear as a section	501(a)(3)
17	organization, check this box and <b>stop he</b>	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line			3. column (f))		15	%
16	Public support percentage from 2014 Scl		-			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2014			•			%
19a	331/3% support tests - 2015. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2014. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	tions ► 🗌

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)		
		Y	es No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	×
b	A family member of a person described in (a) above?	11b	×
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c	×
	on B. Type I Supporting Organizations	1 1	
		Y	es No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	es No
Secti	on D. All Type III Supporting Organizations		
		Y	es No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	×
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	×
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	×
Secti	on E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructi	ions):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instru	uctions).
2	Activities Test. Answer (a) and (b) below.	Y	es No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			structions. All
Section A - Adjusted Net Income	•	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	28441	
4 Add lines 1 through 3	4	28441	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	29696	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	-1255	(D) 0
Section B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			British and an experience
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	48980	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	48980	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	735	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	48980	
6 Multiply line 5 by .035	6	1714	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	1714	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		-1255
2 Enter 85% of line 1	2		-1067
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1714
4 Enter greater of line 2 or line 3	4		1714
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1714
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III supporting	g organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			2287
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	459
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			2746
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			1714
10	Line 8 amount divided by Line 9 amount			1.6
		(i) (ii)		(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			1714
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)	State Contract Manager Letter (1971)		
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			T 1
е	From 2014			
f	Total of lines 3a through e		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
g	Applied to underdistributions of prior years		LIVE - AND ALL WAR BELLY AND AN ARROY AND ALL WAS	
h	Applied to 2015 distributable amount			THE SACRO CONTRACTOR OF THE SA
i	Carryover from 2010 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		35.22	
4	Distributions for 2015 from Section	5.0		
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount		and the second s	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	ACCOUNTS OF THE PROPERTY OF TH	100	
8	Breakdown of line 7:			
а			4 10 10 10 10 10 10 10 10 10 10 10 10 10	
b				100 A 200 A
С	Excess from 2013			10.25°
d	Excess from 2014	The state of the s		
е	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Supported	organization receives and approves annual goals and accomplishments. Manager or other respresentative of supported organization
all director	s' meetings and ascertains that funds are used for approved purposes.