

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2021 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of the GTM Reserve Mailing Address: 450 Guana River Road, Ponte Vedra Beach, FL 32082

Telephone Number: (904) 823-4527

Website Address (required if applicable): https://gtmnerr.org

Check to confirm your Code of Ethics is posted conspicuously on your website.

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 20.058, F.S., Citizen support and direct-support organizations. In summary, the statute specifies the organizational requirements to submit an annual report each year for each designated CSO and to post that information on the Departments website.

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: Consistent with your Articles and Bylaws

The Friends of the GTM Reserve mission is to support and enhance environmental education, stewardship of natural and cultural resources, and scientific research of the GTM NERR through volunteer initiatives, citizen involvement, and community partnerships.

Describe Last Calendar Year's Results Obtained: <u>Braq!</u> List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.

Despite closures and cancellations due to COVID, the Friends of the GTM Reserve accomplished much to support the NERR.

Friends officers and directors provided support by attending monthly business meetings, representing the GTM NERR at community events (both in-person and virtual), and in groups such as the Management Advisory Group. In addition, Friends used social media to raise awareness of the GTM NERR and created partnerships with community and corporate stakeholders. The Friends board held their annual Strategic Planning Retreat in January, where they reviewed the Strategic Plan and approved the annual operations budget.

Due to the Friend's ability to financially manage grants, the GTM NERR has expanded its research, education, and stewardship programs. Grants included: science transfer grants, education grants, and water quality research grants. The Friends were also able to fully fund a Graduate Research Fellow from the University of North Florida to study water quality on the Guana Lake and River. This Fellowship program will continue into 2021 with the selection of another 2-year fellow.

Staff at the GTM NERR have attended certification classes, workshops, and conferences relevant to the GTM NERR mission, published research papers, and maintained memberships in organizations and groups using funds provided by Friends and their supporters.

The Friends continued to create a culture of collaboration between Friends members, officers, directors, and the GTM Research Reserve staff to improve and support program outcomes. The Friends organized virtual meet-and-greets with GTM program managers, Friends board members, and essential volunteers to accomplish this. Program managers also had the opportunity to brainstorm with Friends members and officers to help build partnerships in the community and build support for the programs.

The Friends have entered the fourth year of their partnership with Guana Outpost South to provide recreational amenities and improve the visitor experience at the GTM NERR. Amenities include kayak rentals, stand-up paddleboard rentals, bike rentals, bait and tackle, and recreational merchandise. Proceeds from the partnership help fund programs at the Reserve.

The Friends of the GTM Reserve increased their engagement with community organizations to build recognition and partnerships for the GTM NERR. Organizations include St. Augustine Visitors and Convention Bureau, Rotary International, St. Johns County Chamber of Commerce, the Cultural Council of St. Johns County, St. Johns County Audubon, Ribault Garden Club, Jacksonville Running Club, and the Kiwanis Club. The Friends Corporate Partnership Program continues to provide unrestricted funding for GTM NERR programs from businesses in the region, including Baptist Health, MJW Consolidated, Aurora Builders, Coldwell Banker Vanguard Realty, Anderson Financial Partners, UltraTech, US Bank, Northrop Grumman, REI, and Rogers Towers Law Firm. The Friends also continued fundraising for the sea turtle patrol through the Adopt-A-Nest Program.

The Friends continued their support of the GTM for All Initiative, which seeks to improve accessibility and enhance programming for people who may not have the ability to access the Reserve and its programs. Communities include people with physical and developmental disabilities, students with autism and from Title I schools, the elderly, and people with mobility issues. The Friends provided seed funding for education programs, training, and certifications include Kulture City certification for the GTM Research Reserve Visitor Center. In addition, the Friends have hosted events for the Center for Autism and Related Disabilities UF Health Game Night program in conjunction with the GTM NERR Education team. With the support of Friends, GTM NERR created curriculum and programming for students who are deaf or are low-hearing and purchased specialized equipment for students who are blind or are low-vision so that they can participate in water quality research with the education team.

During the pandemic, the Friends assisted the GTM NERR with virtual programming to continue engagement in the community. In April, the Friends helped the Coastal Training Program with a virtual City Nature Challenge, which challenged the community to assess the natural environment around them and report their findings in iNaturalist. In addition, the Friends provided technical support for a variety of programs and webinars, spread the word about programs open to the community, and helped facilitate virtual programs both internally and externally.

With many of the GTM NERR programs on hold due to COVID, most Reserve volunteers could not participate in their regular activities. To show our appreciation for their patience and dedication, the Friends worked with the GTM volunteer coordinator to deliver yard signs to our most dedicated volunteers. More than 75 signs reading "An Awesome Volunteer Lives Here" were given to volunteers at their homes.

Describe the CSO's Plans for the Next Three Calendar Years:

2021 Objectives and Goals

The Friends of the GTM Reserve board of directors has defined the following objectives and goals based on the GTM Research Reserve's Management Plan, program work plans, and most relevant needs. Goals shall be assessed as of the end of the 2021 calendar year.

Objective 1 Governance Best Practices: Improve existing nonprofit guidelines and develop governance best practices in order to become a stronger and more sustainable Citizen Support Organization for the GTM Research Reserve.

- Goal 1.1: Complete an independent financial audit that meets Florida Statute requirements for a Florida Department of Environmental Protection Citizen Support Organization with expenses exceeding \$300,000.00.
- Goal 1.2: Develop, launch, and analyze a comprehensive supporter and partner survey to better understand how the organization can improve.

Objective 2 Cultural of Collaboration: Create a culture of collaboration between the Friends members and GTM Research Reserve staff in order to improve and support program outcomes.

- Goal 2.1: Hold two collaboration events with program managers, Friends board members, key volunteers and management advisory group members to better understand program needs and resources available.
- Goal 2.2: Host program managers at Friends board meetings in order to do a deep-dive into how the Friends can assist with their program needs.

Objective 3 Engagement with Individuals and Businesses: Increase engagement with individuals, families, businesses and organizations in order to drive fundraising and volunteerism that supports the GTM Research Reserve programs.

- Goal 3.1: Secure financial support from four new corporate partners.
- Goal 3.2: Increase the number of Friends members by ten percent over previous year.
- Goal 3.3: Meet event fundraising goals.
- Goal 3.4: Develop an acquisition plan for the Rogers parcel on the Guana peninsula.

Objective 4 Outreach and Communications: Develop a strong outreach and communications program that aligns with the GTM Research Reserve and leverages the expertise and reach of our Friends members.

- Goal 4.1: Develop four new community partnerships with organizations that help drive fundraising, volunteerism, and/or GTM programs.
- Goal 4.2: Develop and implement a legislative outreach program to educate state and federal officials on the value of the GTM Research Reserve.
- Goal 4.3: Develop targeted outreach campaigns in key communities to drive outreach in order to communicate the GTM mission and purpose.

Objective 5 Financial Sustainability: Ensure financial sustainability of the Friends in order to provide continued support of the GTM Research Reserve's programs.

- Goal 5.1: Meet revenue and expense goals as detailed in the 2021 Friends budget.
- Goal 5.2: Develop a planned giving program to drive bequests, donations of securities, and other legacy gifts.

Objective 6 Diversity and Equity: Promote and champion diversity, equity, and inclusion by proactively recruiting, engaging, and serving the people who comprise the Reserve's diverse community of stakeholders who rely on and benefit from the Reserve's ecosystem services.

- Goal 6.1: Recruit board and committee members who bring diversity of thought and experience to the conversation.
- Goal 6.2: Hold at least one event promoting the Reserve and its amenities to communities not currently being served.
- Goal 6.3: Hold at least one event or program that engages with the Reserve's existing end-users who are currently disenfranchised from stakeholder engagement.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 226

Total Number of Board of Directors: 13

Total Volunteer Hours for the Board of Directors (Work with your ORCP volunteer manager): **800**

ORCP & CSO RELATIONSHIP:

Keep the summary simple. Save time. Don't duplicate by describing accomplishments and contributions in the summary. Braq in the above Results Obtained. Describe the relationship here.

Site Manager's Comments on the CSO & ORCP Relationship and Support:

Provide your perspective on

• Changing developments of the managed area provided by the CSO.

As we navigated the initial stages of COVID-19, the Friends of the GTM Reserve maintained open communication with staff to provide help where possible. They amplified information to the local community regarding public amenity closures and re-openings via their social media accounts and membership contact lists.

• Effectiveness of the organization in fulfilling their purpose to support the managed area(s).

While the funding information requested and provided herein shows details on how the Friends supported the public use access area at the Guana Preserve, it is not obvious how much the Friends supported the core components of a National Estuarine Research Reserve; Research, Stewardship and Education. Funds spent in these categories often get relegated to "other". Approximately 30% of program expenditures supported the stakeholder-driven Research Program via equipment, training, and a fellowship for a University of North Florida student to investigate water quality conditions and impacts on the locally popular Guana Lake and River. Almost 40% supported education programs via equipment, software, and contractors to help pivot hands-on environmental learning to the virtual programs demanded during COVID-related restrictions. Another 10% supported staff and volunteers in expanding invasive species control and native species tracking in the Guana Preserve.

• Effectiveness of the Board of Directors in completing their Annual Program Plan.

The staff and Board of the Friends of the GTM Reserve accomplished the goals that drove their program plan, even if many of the events could not take place.

The relationship between ORCP and CSO What went well? Are there areas of improvement?

The Friends of the GTM Reserve continues to be a critical component to effectively and efficiently running the GTM National Estuarine Research Reserve through open communication with Reserve staff along with trust and a mutual desire to accomplish the goals of the GTM Management Plan.

CSO President's Comments on the CSO & ORCP Relationship and Support:

Provide your perspective on the relationship between ORCP and CSO. What went well? Are there areas of improvement?

The relationship between the Friends and the GTM NERR continues to be one built on transparency and communication. Despite the challenges of COVID, we were able to keep the lines of communication open between the Friends and GTM staff, which allowed us to meet the needs of the Reserve despite being physically distant. As the GTM NERR adapted their programs, the Friends also adapted by investing in resources and tools the Reserve staff needed to respond in an ever-changing situation. We believe the following are what makes the relationship between the Friends and GTM a success:

- GTM leadership team works effectively with Friends staff and board, resulting in clear messaging and solid understanding of the needs of the Reserve.
- Friends staff and board are knowledgeable of GTM management and work plans, therefore ensuring the Friends provide needed support and resources.

- The Friends strategic plan is developed annually in conjunction with GTM leadership and in response to the GTM work plan.
- The Friends follow a written set of core values that dictate its actions and decision-making:
 - O Support of Science. The GTM Research Reserve mission is to achieve the conservation of natural biodiversity and cultural resources by using the results of research and monitoring to guide science-based stewardship and education strategies. With that, it is our role as their Citizen Support Organization to support the use of science as the guiding principle in how we advocate and communicate on behalf of the GTM Research Reserve.
 - O Agility and Responsiveness. As a Citizen Support Organization of the GTM Research Reserve, the Friends exist to bridge the gap in funding and provide resources when they are needed most. To do that, we must be agile, responsive, and willing to change course quickly to support the GTM NERR's most urgent needs.
 - O Financial Sustainability. Bridging the gap in funding for the GTM Research Reserve requires that the Friends of the GTM Reserve be financially sustainable and focused on revenue creation. Decisions regarding expenses, investments, and activities will always be scrutinized through the lens of long-term financial sustainability and growth.
 - O Environmental Stewardship. Protection of our natural resources and stewardship of the coastal ecosystem is key to the goals set by the GTM Research. It is the role of the Friends to support the GTM in environmental stewardship by "walking the walk" of sustainability through its actions and practices.
 - O Integrity and Accountability. To meet the needs of the GTM Reserve, the Friends of the GTM Reserve must be a trusted entity in the community and fully transparent with its practices and procedures.
 - O Accessibility and Inclusivity: Biodiversity makes for a stronger ecosystem and human diversity makes for a stronger community. The Friends of the GTM Reserve seek out diversity of thought, ability, perspective, background, and experience to build organizational strength and create a GTM for All.

As we move into 2021, the Friends are optimistic that we will resume in-person fundraising, outreach, and programming that build and sustain the community of supporters for the GTM Research Reserve.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC MANAGED AREA(S) SUPPORT:

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the managed area(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

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Total Program Service Expenses	\$102,907.64
Other program services	\$4,714.15
Programing/interpretation support material purchases	\$33,919.50
Managed area publications, brochures, maps, etc.	\$509.40
Managed area exhibits, displays, signage	\$5,134.49
Big ticket visitor center exhibits or interpretation updates	\$0.00
Managed area employees or volunteers support (e.g., interns, training, uniforms, awards, or	\$29,531.76
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$19.027.84
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$60.99
Other facilities and landscape maintenance	\$871.69
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$5,944.59
Natural resources (e.g., native plants, natural lands restoration)	\$1,183.23
Cultural resources (e.g., historic structure restoration/ renovation)	\$0.00
Building improvement, construction or renovations	\$2,000.00

**GTM Liability Expense \$137,187.76

Total Operating Expenses (Overhead including CSO staff, fees, memberships, postage, rent, utilities, etc.)

\$96,378,75

**An additional \$137,187.76 has been debited to the liability account to be used at the discretion of the Reserve Manager based on the net accrual of revenue less direct expenses from this fiscal year. Revenue and expense line items that contribute to this account have been agreed upon in the MOU and by the Board of Directors and Reserve Manager.

Visitor Services Revenue

Managed area gift shops, craft stores and concession sales \$ 0

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$ 0

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 1,722.37

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$ 0

Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$ 0

Donation boxes \$ 531.39

Other visitor services revenue \$ 236,455.40

Total Visitor Services Revenue \$ 238,709.16

Other Revenue

Public Interest Funding \$0

Other Revenue \$ 111,765.25

Balance

Beginning Net Assets \$364,920.69

Ending Net Assets \$382,574.52

CSO AUDIT:

Total of Last Calendar Year's Expenses (including grants) \$ 336,474.15

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (U.S. GAO Yellow Book) when the CSOs annual expenses are \$300,000 including grants. The audit is due by September 1 (or 9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information is	complete to the best	of my knowledge pursuant to Sec	ction 20.058 Florida Statutes
Title	Name	Signature	Date
CSO President	John Reed John G Reed	G Reed (Jun 10, 2021 16:51 EDT)	06/10/2021
ORCP Site Manager	Lia Sansom	Sa	6/10/2021

[☑] CSO's Code of Ethics is attached

CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N Receipt. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent 990 and schedules.

CODE OF ETHICS

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

PREAMBLE

- 1) It is essential to the proper conduct and operation of the Friends of the Guana Tolomato Matanzasa National Estuarine Research Reserve, Inc. (herein "CSO") that its board members, officers, and employees by 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 know 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 the Friends of the Guana Tolomato Matanzas National Estuarine Research Reserve, 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, and 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, 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. 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 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.

CHANGE OF ACCOUNTING PERIOD

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest			Inspection					
Α	For the	2019 calend	dar year, or tax year beginning Oct 1 , 2019, and ending	Dec	31	, 20 19					
В	Check if	applicable:	C Name of organization FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCE	CH RESERVE, INC.	D Employe	er identification number					
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tie	5		ber of individuals employed in calendar year 2019 (Part V, line 2a)		5	3					
ξį	6		ber of volunteers (estimate if necessary)		6	200					
Ä	7a	Total unrel	lated business revenue from Part VIII, column (C), line 12		7a	0.					
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			Prior Year		Current Year						
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ğ	9		service revenue (Part VIII, line 2g)	59,	776.	40,656.					
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_	13		d similar amounts paid (Part IX, column (A), lines 1-3)	170,		39,190.					
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	0 (2019)				Page 2							
Part		nent of Program Service A if Schedule O contains a re	accomplishments sponse or note to any line in this P	art III	П							
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2			ficant program services during the year	ear which were not listed on	. ☐ Yes ⊠ No							
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3	Did the org	anization cease conducting	, or make significant changes in I	now it conducts, any progr	am							
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4	expenses. S	Section 501(c)(3) and 501(c)(4	vice accomplishments for each of its) organizations are required to repor or each program service reported.									
4a	(Code:) (Expenses \$ 58	, 505. including grants of \$	39,190.) (Revenue \$	41,171.)							
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4d	Other program services	(Describe on Schedule O.)
	(Expenses \$	including grants of \$

Total program service expenses ▶

) (Revenue \$

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Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			NO
2	complete Schedule A	1 2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	

Part	Checklist of Required Schedules (continuea)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		_
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	126		12/2
	conservation contributions? If "Yes," complete Schedule M	30	_	×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	^
33	complete Schedule N, Part II	32		×
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1207105.00		100
b	Did the organization comply with backup withholding rules for reportable payments to vendors and		19	
,	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		13.50	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
	If "Yes," enter the name of the foreign country ▶	the fire	Po Willia	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	10000		MARK
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	22		
	gifts were not tax deductible?	6b	hivisa	fungous rame
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2275	STEP TO	1 12050
2	and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		
	required to file Form 8282?	7c		×
d		7e		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	180000	151/65	Elisabety.
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	Sections	×
9	Sponsoring organizations maintaining donor advised funds.	26500	(8/3c) (8	Roder
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:	1000	112318	Market Control
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		SVI	
11	Section 501(c)(12) organizations. Enter:	4		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	BUILDE		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	BULLE	1200	No.
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		S CANSONIA
	Note: See the instructions for additional information the organization must report on Schedule O.	BIRT		High
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	GREAT .	1/19/10	1100
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	-	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	C CONTRACT	t represent
40	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	SHIP SAN	12130
16	If "Ves." complete Form 4720. Schedule O.	10	Same.	1000

Part VI

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Schedule O contains a response or note to any line in this Part VI	See in:	struct	ions.
Section	on A. Governing Body and Management			Lineard
00011	or a describing Deay and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	1.674	Zan.	
14	If there are material differences in voting rights among members of the governing body, or			100 mm
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	17000		
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 14			
-7.0	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	resolven)	×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
4	one or more members of the governing body?	7a	-	×_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		v
- 2	stockholders, or persons other than the governing body?	70	1965/66	×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	00	~	Servine.
a	The governing body?	8a 8b	×	
ь		OD		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	EUE ILE	XI.	S AUX
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
~	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by		THE ST	Favar.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			NESS.
а	The organization's CEO, Executive Director, or top management official	15a	×	2 1770 1781
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		03/400	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa	SH5:/51	0 540
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			0.2
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy
20	State the name, address, and telephone number of the person who possesses the organization's books and re ELLEN LEROY-REED, 505 GUANA RIVER ROAD, PONTE VEDRA, BEACH, FL 32082 (90			526

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

×					C) ition		di		(=)	-
(A) Name and title	(B) Average hours per week	box,	do not check more than one lox, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOHN REED DIRECTOR	1.70	×	W		74	P	1	0.	0.	0.
(2) STEVE SWANN DIRECTOR	1.70	×		400	K			0.	0.	0.
(3) DAVID GREEN DIRECTOR	1.70	×			V			0.	0.	0.
(4) AMANDA RYAN SECRETARY	1.70	×		×				0.	0.	0
(5) JULIE EDWARDS VICE PRESIDENT	1.70	×	8	×				0.	0.	0
(6) SHERRY DAVID DIRECTOR	1.70	×						0.	0.	0
(7) ERIC SMITH DIRECTOR	2.00	×						0.	0.	0
(8) MARK RYAN PRESIDENT	3.34	×		×				0.	0.	0
(9) COURTNEY HACKNEY DIRECTOR	1.70	×						0.	0.	0
(10) LAURA HINDS DIRECTOR	1.70	×						0.	0.	0
(11) CHARLES SNAVELY TREASURER	3.34	×		×				0.	0.	0
(12) AMANDA MORROW DIRECTOR	1.70	×						0.	0.	0
(13) DREW FRICK DIRECTOR	1.70	×						0.	0.	
(14) MARK WOOD	1.70	-							0	0

0.

0.

0.

×

DIRECTOR

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box, office Individua	ot ch unles	s pe	ition more	n de the strain de train de tr	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensat from relate organizatic (W-2/1099-M	ion ed ons	Estimat of comp fro	other ensatio m the ation a	n nd
(15)		dotted line)	tee	ıstee			nsated							
(16)														
(17)														
(18)									A					
(19)	***************************************							A						
(20)							À	4	All Park					
(21)						A		A	>					
(22)						400		5						
(23)				â				7	7					
(24)				4		4	V							
(25)		1			4									
1b	Subtotal	4	4.951	ine y	1.19	V.		>	0.		0.			0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	9000		•		•		>	0.		0.			0.
2	Total number of individuals (including bureportable compensation from the organ	it not limite						e) v		re than \$10		of		
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dir						mp	loyee, or highe	st comper	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	COI	mpe	nsati							×
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue c	comp	ensa	ation	n fro	m an	y ui for	nrelated organiza	ation or indi	vidua	-		×
Secti	on B. Independent Contractors													
1	Complete this table for your five hig compensation from the organization. Rep	hest comports	oensa nsatio	ted on fo	inc or th	depe	enden alenda	t c	ontractors that ear ending with o	received r	nore orga	than \$ nization	100,00 's tax	00 c year
	(A) Name and business ac							ĺ	(B) Description of se			(C) Compens		
		and William Park II.								ALL CONTROL OF				
	Total number of independent contract							I.						

Part	VIII	Statement of Reve Check if Schedule C		ains a re	spon	se or note to an	ny line in this Pa	ırt VIII	8 8 9 8 80 W	П
		Oncore ii Conodalo C	9 00111	amb a ro	эроп		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues Fundraising events Related organizations			1a 1b 1c 1d	16,867.				
ons, Gif Similar	e f	Government grants (All other contributions	contri	butions)	1e					
Contributions, Gifts, and Other Similar Ar	g	and similar amounts not Noncash contribution lines 1a–1f	ns inc	luded in	1f 1g	32,085.				
and	h	Total. Add lines 1a-1		9 9 8		- V.	48,952.	similari of		
ervice Je	2a b	PROGRAM FACILI SUMMER CAMP/EDUCA	YT.	JSE		Business Code 900099 900099	40,366. 290.	40,366.	0.	0.
Program Service Revenue	c d e						A			
Pr	f g	All other program ser Total. Add lines 2a-2	rvice r 2f .				40,656.			(dos 10 to 2 180)
	3 4 5	Investment income other similar amount Income from investm Royalties	s) . ent of		pt bo	ond proceeds	1,233.	1,233.	0.	0.
	6a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or				(y) disalis				
	d 7a	Gross amount from sales of assets other than inventory	7a	(i) Securit	ties 0.	(ii) Other	X			
Other Revenue	b c d	Less: cost or other basis and sales expenses . Gain or (loss) [Net gain or (loss)	7b 7c		0.		0.	0.	0.	. 0
Othe	8a		\$ oorted	0. on line	8a	0.				
	b	Less: direct expense			8b				_	
	9a	Net income or (loss) Gross income fractivities. See Part I	rom	gaming	9a		0.		0.	. 0
	b c	Less: direct expense Net income or (loss)	from	gaming a	9b ctiviti		Market Committee			
	b		ces sold		10a					
Miscellaneous Revenue	11a b	UNREALIZED LOSS				Business Code 900099 900099	-1,092 374			
Miscell	d e		-			•	-718			
	12	Total revenue See	inetri	ictions		_	90.123	41.171	0	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) Management and general expenses (A) Total expenses (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 39,190. 39,190. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 18,808. 9,404. 5,267. 4,137. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 1,440 720. 403. 317. 11 Fees for services (nonemployees): Management Legal b C 922. 0. 922. 0. d Lobbying Professional fundraising services. See Part IV, line 17 e f Investment management fees 0. 0. 0. 0. Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 322. 290. 0. 32. 0. 0. 13 Office expenses 0. 0. 1,997. 1,997. 0. 14 Information technology . . . 0. 15 Royalties 16 Occupancy 1,829. 1,829. 17 0. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 925. 694. 231. 0. 0. 20 0. 0. Payments to affiliates 21 1,486. 1,486. 0. 22 Depreciation, depletion, and amortization . 0. 235. 235. 0. 23 Insurance 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMPUTER EQUIPMENT & EQUIPMENT EXPENSES 0. 0. 0. 0. DUES AND SUBSCRIPTIONS 1,196. 1,076. 0. 120. INSURANCE-WORKER'S COMPENSATION 0. 0. 0. 0. C LICENSES AND TAXES 0. d 0. 0. 0. All other expenses 3,269. 1,584. 1,199. 486. 25 Total functional expenses. Add lines 1 through 24e 71,619. 58,505. 8,022. 5,092. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here
☐ if following SOP 98-2 (ASC 958-720)

23

24

25

26

27

28

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31

32

33

Net Assets or Fund Balances

Form 990 (2019) Page 11 **Balance Sheet** Part X (B) Beginning of year End of year 221,690. 180,881. 1 2 Savings and temporary cash investments 78,479. 2 78,683. 3 Pledges and grants receivable, net 3,482. 3 0. 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 7 4ssets 695. 673. 8 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 225,107. 137,427. 135,941. Less: accumulated depreciation 10b 89,166. 10c b 66,891. 66,784. 11 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11... 13 Intangible assets 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) . 467,855. 503,771. 16 16 17 Accounts payable and accrued expenses 544. 17 2,444. 131,598. 18 147,110. 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22

354,217.

503,771.

149,554.

354,217.

23

24

25

26

27

28

29

30

31

32

33

132,142.

335,713.

335,713.

467,855.

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third

parties, and other liabilities not included on lines 17-24). Complete Part X

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds . . .

Total liabilities and net assets/fund balances

Organizations that do not follow FASB ASC 958, check here ▶ □

Organizations that follow FASB ASC 958, check here ▶ 🗵

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions .

and complete lines 29 through 33.

1000			-4	2
Pa	a	e	1	Z

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	9	0,1	23.
2	Total expenses (must equal Part IX, column (A), line 25)		11,6	19.
3	Revenue less expenses. Subtract line 2 from line 1		.8,5	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	33	35,7	13.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	3	54,2	17.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		٠,	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		7	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	TORE	NEW Y	
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1000
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	NEWS		
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	HE Y		
	Schedule O.	1		700
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	72250		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		
	ATTENDA TOURNESS OF THE PARTY O	44	000	100101

REV 06/02/20 PRO

Form **990** (2019)

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.

empt charitable trust. 2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part II

	(Complete only if you checked the Part III. If the organization fails to						lify under
Section	on A. Public Support	quanty arras		100 DOION, p.	0000 00p.o		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(2)	(0)	(5)	(0) 2010	(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			X			
6	Public support. Subtract line 5 from line 4			A.Y			
Section	on B. Total Support	·	A	7	All .		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		400	ANY			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			PA			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	44					
11	Total support. Add lines 7 through 10		CONTRACTOR OF THE			The second	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	е			55	
14	Public support percentage for 2019 (line	740,000	A COLOR OF THE PARTY OF THE PAR			14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test—2019. If the organ box and stop here. The organization qua	lifies as a publ	licly supported	organization			▶ 🗆
ь	331/3% support test—2018. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts "facts-and-circ	s-and-circumst cumstances" te	ances" test, cl est. The organi	neck this box zation qualifie	and stop here.	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the "fac	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and it ion qualifies as	a, and line stop here.
18	Private foundation. If the organization di						_

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			1-3-3			
	received. (Do not include any "unusual grants.")	46,454.	107,928.	129,315.	144,406.	48,952.	477,055.
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	45,956.	66,111.	145,473.	59,776.	40,656.	357,972.
3	Gross receipts from activities that are not an	10,000.	00/1111	210/1/01	337170.	10,000.	551,512.
ō	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	Total. Add lines 1 through 5	92,410.	174,039.	274,788.	204,182.	89,608.	835,027.
100000	Amounts included on lines 1, 2, and 3	32,410.	1/4,039.	274,700.	204,102.	09,000.	055,027.
74	received from disqualified persons .	0.	0.		0.	0	0
	그 [기타다 시 그림 시] 그리고 하고 있다면 하고 있다면 하면 되었다면 보다 되었다면 하다 그리고 그렇다.	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified		A		ALL PARTY		
	persons that exceed the greater of \$5,000		.00	N AL	-4		
	or 1% of the amount on line 13 for the year	0.	138.	66 307	60 551	24 457	153,453.
923			The state of the s	66,307.	62,551.	24,457.	
с 8	Add lines 7a and 7b	0.	138.	66,307.	62,551.	24,457.	153,453.
0	line 6.)		Aller				CO1 E74
Secti	on B. Total Support		Vitalia Roll (1900)				681,574.
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	92,410.	174,039.	274,788.	204,182.	89,608.	835,027.
10a	Gross income from interest, dividends,	32,410.	114,000.	2/4, 100.	204,102.	09,000.	033,027.
Iva	payments received on securities loans, rents,	A197 Y					
	royalties, and income from similar sources .	3,011.	1,369.	1,477.	3,112.	1,233.	10,202.
b	Unrelated business taxable income (less	3,011.	1,309.	1,4//.	3,112.	1,233.	10,202.
	section 511 taxes) from businesses	TOTAL STREET			Î		
	acquired after June 30, 1975						
С	Add lines 10a and 10b	3,011.	1,369.	1,477.	3,112.	1,233.	10,202.
11	Net income from unrelated business	3,011.	1,309.	1,4//.	3,112.	1,233.	10,202.
11	activities not included in line 10b, whether	AND					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)	39,496.	35,613.	52,006.	49,213.	374.	176,702.
13	Total support. (Add lines 9, 10c, 11,	39,490.	33,013.	32,000.	49,213.	374.	170,702.
	and 12.)	134 917	211 021	320 271	256,507.	01 215	1,021,931.
14	First five years. If the Form 990 is for the	ne organization	's first secon	d third fourth	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he						> 🗖
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13 column (f)		15	66.69 %
16	Public support percentage from 2018 Sch						71.31 %
	on D. Computation of Investment In					1.01	72.32 70
17	Investment income percentage for 2019 (ov line 13. colu	ımn (f))	17	1 %
18	Investment income percentage from 2018						0.75 %
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organiz						
770	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	to be a second of the second o	Annual Control of the	The second secon		A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	AII	Supporting	Organizations

			Yes	No
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.	1		
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).	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.	За		
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.	3b		
c 4a	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. Was any supported organization not organized in the United States ("foreign supported organization")? If	3с		
та	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	STITE OF	NAME OF STREET
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.	4b		
С	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.	40		
5а	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).	5a		
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?	5b		W.Co.
6 6	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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
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).	8		I I I S X
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 .	9a		
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.	9b		i de la
С	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.	90	1499	
l0a	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.	10a		
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.)	10h	May 1	

,0110001				-0-
Part	V Supporting Organizations (continued)			
		THE REAL PROPERTY.	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Thomas .	
	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) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			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	NS OF		
	tax year? If "No," describe in Part VI 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	111040	No.	Niel
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	37.57		Jake
- 7	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		10.50	
	or management of the supporting organization was vested in the same persons that controlled or managed	2000000		
	the supported organization(s).	1	NATIONAL SE	NO SWILL
Secti	on D. All Type III Supporting Organizations	_	_	
30011	on B. All Type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1000	No.	z ola
Ů.	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		# 10	
	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	INVESTIGATE	100000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	138,21	BEARE	STEEL STEEL
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	190000	ALCOHOL:
•	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's		TO COME	CONTRACT AND INC.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	Sales a	Sept.	BAGH
		3		_
	on E. Type III Functionally Integrated Supporting Organizations			-1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	S).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		000000000000000000000000000000000000000	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ir	100000000000000000000000000000000000000	
2	Activities Test. Answer (a) and (b) below.	THE PARTY NAMED IN	Yes	No
a	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 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	THE REAL PROPERTY.		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	就設		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1000		
	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.	8638	J S X	Hai
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1122		
u	trustees of each of the supported organizations? Provide details in Part VI.	За	34,190	and the same of th
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1 227	i Sello) Dalli
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	on the Cold	100/00/00
	or its supported organizations: in res, describe in Fart VI the role played by the organization in this regard.	00		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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 Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	All P	
d Total (add lines 1a, 1b, and 1c)	1d	49/	
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		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	HE SHELDING THE PROPERTY OF	N.
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		14/6
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ting organization (see

Schedule A (Form 990 or 990-EZ) 2019

-	e A (Form 990 or 990-EZ) 2019	\ Supporting Organi	rations (continued)	Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity	- Acceptance 1987		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		29962	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			
	instructions.	A	All Indian	
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015	AND THE PARTY OF T		
	From 2016			
d	From 2017			
e	From 2018	The state of the s		
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years		THE SHARE IN THE STATE OF THE STATE OF	
<u>h</u>				Control Color Co. La Co.
<u> </u>	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.	- 10		
4	Distributions for 2019 from	The state of the s		
4	Section D, line 7:			
а	and the second		A SALE PROPERTY OF THE PROPERTY OF THE PARTY	
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	The state of the section of the section of		MENANTA CALL
5	Remaining underdistributions for years prior to 2019, if		KOOR PROBER BELIEVE AND AND EVEN AND AND AND AND AND AND AND AND AND AN	
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			THE PERSON NAMED IN COLUMN TWO
v	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
a				
b				
<u>c</u>				
d	Excess from 2019			
•		The second secon	the state of the s	The state of the s

Schedule A (Form 990 or 990-EZ) 2019

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.)
Pt III Ln 12: Other Income Part III, Line 12 Description: EDUCATIONAL PROGRAMS
2015: 0. 2016: 0. 2017: 0. 2018: 0. 2019: 0. Description: BRICK CAMPAIGN 2015:
0. 2016: 733. 2017: 510. 2018: 0. 2019: 0. Description: PHOTOGRAPHY WORKSHOPS
2015: 0. 2016: 0. 2017: 0. 2018: 0. 2019: 0. Description: ARTS & CRAFTS WORKSHOPS
2015: 0. 2016: 0. 2017: 0. 2018: 0. 2019: 0. Description: ANNUAL FUN RUN 2015:
0. 2016: 0. 2017: 0. 2018: 0. 2019: 0. Description: OCEANWISE 2015: 39496. 2016:
32391. 2017: 48213. 2018: 46184. 2019: 0. Description: NATIONAL ESTUARY DAY 2015:
0. 2016: 662. 2017: 0. 2018: 0. 2019: 0. Description: GARAGE SALE 2015: 0. 2016:
171. 2017: 0. 2018: 0. 2019: 0. Description: CALENDAR SALES 2015: 0. 2016: 0.
2017: 0. 2018: 0. 2019: 0. Description: ESTU-SCARY HAUNTED TRAILS 2015: 0. 2016:
1656. 2017: 3283. 2018: 3029. 2019: 0. Description: OTHER INCOME 2015: 0. 2016:
0. 2017: 0. 2018: 0. 2019: 374.

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

OMB No. 1545-0047

Employer identification number

91-2081432

Organization type (check one): Filers of: Section: **区** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

91-2081432

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is a	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SALLY RYDEN 1841 NW 35TH WAY GAINESVILLE FL 326053669	\$ 16,281.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE BRUNING FOUNDATION 21 N. RIDGE RD. LAKE FOREST IL 60045	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
*******		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. 91-2081432

Part II	Noncash Property (see instructions). Use duplicate copies	or Part II II additional spac	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	

Name of organization

Part III

Employer identification number

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

91-2081432

c L	he following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if add	e year. (Enter this informat	nter the total of <i>exclusively</i> religious, charitable, etc. tion once. See instructions.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of g d ZIP + 4	gift Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	Relationship of transferor to transferee
) No. rom eart I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of o	gift Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	gift Relationship of transferor to transferee

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspec

Name o	the organization		Employer identification number
FRIE	NDS OF GUANA TOLOMATO MATANZAS NATIONAL EST	UARINE RESEARCH RESERVE, INC.	91-2081432
Par	Organizations Maintaining Donor Advi Complete if the organization answered "		ds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5 6	Did the organization inform all donors and donor funds are the organization's property, subject to the Did the organization inform all grantees, donors, ar	e organization's exclusive legal control	l? ☐ Yes ☐ No
	only for charitable purposes and not for the beneficonferring impermissible private benefit?	t of the donor or donor advisor, or fo	r any other purpose
Par	Conservation Easements.	AT	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (for example, recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he	eation or education) Preservation of Preservation of	of a certified historic structure n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
ь	Total acreage restricted by conservation easements	TAMASHI, TAMASHI HAMI HIDA HAMI	
С	Number of conservation easements on a certified h	25 TO THE RESERVE OF THE PROPERTY OF THE PROPE	
d	Number of conservation easements included in historic structure listed in the National Register		2d
3	Number of conservation easements modified, transtax year ▶		minated by the organization during the
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas	sements it holds?	🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	g conservation easements during the yea
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	conservation easements in its revenue f the footnote to the organization's fin	and expense statement and
Par	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	held for public exhibition, education	n, or research in furtherance of public
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets held provide the following amounts relating to these iter (i) Revenue included on Form 990, Part VIII, line 1	f for public exhibition, education, or rems:	search in furtherance of public service
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under F	historical treasures, or other similar	assets for financial gain, provide the
a	Revenue included on Form 990, Part VIII, line 1 .	18일 사용 [1] [2] 그리고 [12] 2인 2인 - 1 12 12 12 12 12 12 12 12 12 12 12 12 1	<u>\$</u>

Schedule D (Form 990) 2019	Page 2

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, or C	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):						
а	☐ Public exhibition		d [or exchange pro		
b	Scholarly research		е [Other			
C	☐ Preservation for future generations						
4	Provide a description of the organizat XIII.	ion's collections	and expla	in how tl	ney further the o	ganization's exem	pt purpose in Part
5	During the year, did the organization						
	assets to be sold to raise funds rather		ained as p	art of the	organization's o	collection?	☐ Yes ☐ No
Part							
	Complete if the organization	answered "Yes	" on Forr	n 990, F	art IV, line 9, o	r reported an am	ount on Form
22000	990, Part X, line 21.	WAT WATERCOTT IN TO SERVICE OF THE PARTY OF	State Washington	DO NO ABOUNDOS AND			
1a	Is the organization an agent, trustee,						
h	included on Form 990, Part X? If "Yes," explain the arrangement in Pa					* * * * * *	☐ Yes ☐ No
Ь	ii Tes, explain the arrangement in Fa	art Am and Comple	ete the loi	lowing to	ible.	An	nount
С	Beginning balance					c	iount .
d	Additions during the year				2000000	d	
е	Distributions during the year					e	
f	Ending balance				ARTICLES PROTONOLINGS.	If	
2a	Did the organization include an amour					al account liability	Yes No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planatio	n has been provi	ded on Part XIII .	🗆
Par	V Endowment Funds.			AND			
	Complete if the organization						
100000		(a) Current year	(b) Pric	or year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		A CONTRACTOR				
ь	Contributions		1000		The same of the sa		<u> </u>
С	Net investment earnings, gains, and		Will.	A PER	7		
4	Grants or scholarships		Vesta.	A100/			
e	Other expenditures for facilities and	ACCURACIO	A W	20A.			
•	programs	ANY Y	9				
f	Administrative expenses	486	DESIGNATION OF THE PERSON OF T	-			
g	End of year balance	THE REAL PROPERTY.					
2	Provide the estimated percentage of t	he current year ei	nd balanc	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmen	nt >	%				
b	Permanent endowment ▶	%	700				
C	Term endowment ▶%	STATE AND STATE					
	The percentages on lines 2a, 2b, and	AND RESIDENCE AND ADDRESS OF THE PARTY OF TH					
3a	Are there endowment funds not in the	e possession of t	he organiz	zation th	at are held and a	dministered for th	
	organization by:						Yes No
	(i) Unrelated organizations(ii) Related organizations						3a(i)
h	If "Yes" on line 3a(ii), are the related of						3a(ii)
4	Describe in Part XIII the intended uses						30
	VI Land, Buildings, and Equip		0110 01100	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	arrae.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or o) Accumulated	(d) Book value
		(investr		(0	other)	depreciation	EXW
1a	Land		0.		A s x to		0.
b	Buildings	•			07.000	25 622	121 222
c	Leasehold improvements			- 2	18,107.	75,677.	131,323.
d	Equipment	•			10,10/.	13,489.	4,618.
e Total	Other		990. Part	X. colum	n (B), line 10c.)		135,941.

Part VII	Investments-Other Securities.	000 B- + IV II-	111 0 F 200 F 1 V F 10
	Complete if the organization answered "Yes" on For		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial			
	eld equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on For	rm 990. Part IV lin	e 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		AND THE REST	•
(2)		A V	Olina.
(3)		ASSI	
(4)		AN AL	W
(5)		605 AT	
(6)		THE RESERVE TO THE RE	
(7)	-	The same of the sa	
(8)	Control Control	The Table	
(9)	W.A.	"妈妈妈派"	
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨	69	Water and the second second second second second
Part IX	Other Assets.	70 7	
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
	(a) Description	W	(b) Book value
(1)		7	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	man (h) muset acqual Forms 000. Port V. and (D) line 15.		
The second secon	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	· · · · · · ·	•
Part X	Complete if the organization answered "Yes" on Fo	rm 000 Port IV lin	on 11a or 11f Son Form 000 Part V
	line 25.	iiii 990, Fait IV, iii	ie Tie of Til. See Folili 930, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in			(D) Dook value
(2)	77. C.		
(3)			
(4)			
(5)			
(6)	(312		
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		>
	r uncertain tax positions. In Part XIII, provide the text of the footi		
	's liability for uncertain tax positions under FASB ASC 740. Chec		

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	-y	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	9 0		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	MARKET STATE	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Returi	n.
33334	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements	🔈	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	AN		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	15 / Atm	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	Ø	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	K	AUE 4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information	n.

chedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
	<u> </u>	

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### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization

FRIENDS OF GUANA TOLOMA			UARINE RESEA	RCH RESERVE	, INC.		91-208	1432
Part I General Information			A-					
<ol> <li>Does the organization mainta the selection criteria used to</li> <li>Describe in Part IV the organ</li> </ol>	award the grants ization's procedur	or assistance? es for monitoring	the use of grant fu		States.	* 3. * * * * *		. ⊠Yes □No
Part II Grants and Other As Part IV, line 21, for an	ssistance to Do by recipient that r	mestic Organiz received more th	ations and Dom nan \$5,000. Part	nestic Governn Il can be duplic	ated if additional sp	the organizatio cace is needed	n answere	ed "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista	of	(h) Purpose of grant or assistance
(1) GUANA TOLOMATO MATANZAS ESTUARINE RESERVE 505 GUANA RIVER ROAD PONTE VEDRA BEACH FL 32082	59-6001874		39,190.		FMV		R	ESERVE SUPPORT
(2)	A							
(3)	-							
(4)	A Page							
(5)	4							
(6)		9						
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section 3 Enter total number of other o	501(c)(3) and gov	ernment organiza	tions listed in the l	ine 1 table		* 30, * 9 * *	) . <u></u> .)	1 0

BAA

rt IV Supplemental Information. Pro			>		
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rt IV Supplemental Information. Pro					
rt IV Supplemental Information. Pro		7			
t IV Supplemental Information. Pro					
	ovide the information re	quired in Part I, lir	ne 2; Part III, colum	n (b); and any other additi	onal information.
	A STATE OF THE PARTY OF THE PAR				
LTURAL RESOURCES, AND SCIENTI					
HE ORGANIZATION PROVIDES FUND	100				
MONITOR PROJECTS FOR WHICH F	The state of the s				
MONITOR PROJECTS FOR WITCH FO	ONDO AND INDITIONAL				
			***************************************		
			***************************************		

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

FRIENDS OF CUANA TOLOMATO MATANZAS NATIONAL ESTUADINE DESEABLE DESERVE INC	91 = 2081432
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	
Pt VI, Line 11b: THE FORM 990 IS MADE AVAILABLE VIA EMAIL TO ALL	BOARD MEMBERS
FOR THEIR REVIEW AND ANY ADJUSTMENTS. A FINAL REVIEW IS THEN PER	RFORMED BY THE
PRESIDENT, TREASURER AND EXECUTIVE DIRECTOR FOR ACCURACY PRIOR TO	FILING THE
FORM 990 TAX RETURN.	
Pt VI, Line 12c: EACH DIRECTOR AND THE EXECUTIVE DIRECTOR IS RESE	PONSIBLE FOR
BRINGING ANY CONFLICTS NOT DISCLOSED TO THE ATTENTION OF THE BOAF	RD
Pt VI, Line 15a: THE BOARD REVIEWS THE EXECUTIVE COMPENSATION BAS	SED ON INDUSTRY
AND REGION COMPARATIVES, AND THEIR COLLECTIVE EXPERIENCE.	
Pt VI, Line 15b: THE BOARD REVIEWS THE COMPENSATION BASED ON INDU	JSTRY AND REGION
COMPARATIVES, AND THEIR COLLECTIVE EXPERIENCE.	
Pt VI, Line 19: GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST	
AVAILABLE UPON REQUEST. OUR FINANICAL STATEMENT IS AVAILABLE VIA	THE FLORIDA
DEPT. OF AGRICULTURE'S WEBSITE OR UPON REQUEST.	
Other: SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION - SH	EE ATTACHED
Other: SECTION 1.263(a)-3(h) SAFE HARBOR ELECTION FOR SMALL TAXPA	AYERS - SEE
ATTACHED	
Other: FORM 990, PAGE 1, LINE A - ACCOUNTING PERIOD CHANGE -	
SEE ATTACHED	

Name

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION

SHORT TAX YEAR: DECEMBER 31, 2019

THE TAXPAYER ELECTS TO MAKE THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(a)-1(f).

NAME: FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

ADDRESS: 505 GUANA RIVER ROAD, PONTE VEDRA BEACH, FL 32082

IDENTIFICATION NUMBER: 91-2081432

fdiv0101.SCR 04/23/19

Name
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

SECTION 1.263(a) -3(h) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS

SHORT TAX YEAR: DECEMBER 31, 2019
THE TAXPAYER ELECTS TO MAKE THE SAFE HARBOR ELECTION FOR SMALL TAXPAYERS
UNDER REGULATION 1.263(a) -3(h).

NAME: FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE
RESEARCH RESERVE, INC.
ADDRESS: 505 GUANA RIVER RD, PONTE VEDRA BEACH, FL 32082
IDENTIFICATION NUMBER: 91-2081432

IMPROVEMENTS LOCATED AT THE 505 GUANA RIVER RD., PONTE VEDRA BEACH, FL
LOCATION.

fdiv0101.SCR 04/23/19

#### **Additional Information**

Name
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. 91-2081432

IRS FORM 990, PAGE 1, LINE A - ACCOUNTING PERIOD CHANGE TO DECEMBER 31

DUE TO BOARD ACTION, AN ACCOUNTING PERIOD CHANGE HAS BEEN APPROVED.

PREVIOUSLY, THE FISCAL YEAR END WAS SEPTEMBER 30th. A FISCAL

YEAR END SEPTEMBER 30, 2019 IRS FORM 990 WAS E-FILED ON AUGUST 14, 2020.

EFFECTIVE OCTOBER 1, 2019, THE ACCOUNTING PERIOD WILL NOW END
ON DECEMBER 31st. PLEASE SEE ATTACHED FOR THE FIRST IRS FORM
990 RETURN USING THE NEW YEAR END OF DECEMBER 31st. IN THIS CASE,
DECEMBER 31, 2019 IS THE PERIOD END.

THIS ORGANIZATION HAS NOT CHANGED ITS ANNUAL ACCOUNTING PERIOD

IN THE LAST 10-CALENDAR-YEAR PERIOD. TO THE BEST OF OUR KNOWLEDGE,

IT HAS NEVER CHANGED ITS ANNUAL ACCOUNTING PERIOD UNTIL NOW.

fdiv0101.SCR 04/23/19



### EXTENSION FILED

Form **990** 

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

30 2018, and ending For the 2018 calendar year, or tax year beginning Oct 1 D Employer identification number C Name of organization FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, TNC В Check if applicable: 91-2081432 Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (904)823-4527 505 GUANA RIVER ROAD Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated PONTE VEDRA BEACH, FL 32082 G Gross receipts \$ 260,442. Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer: Application pending MARK RYAN, 505 GUANA RIVER RD, PONTE VEDRA BEACH, FL 32082 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 X 501(c)(3) 501(c) ( Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ WWW.GTMNERR.ORG 2000 M State of legal domicile: FL Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: Briefly describe the organization's mission or most significant activities: THE FRIENDS ORGANIZATION WILL PROVIDE SUPPORT TO ASSIST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE Activities & Governance IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCATION AND RESOURCE MANAGEMENT Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) . . . . . 14 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 14 3 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 200 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a Net unrelated business taxable income from Form 990-T, line 38 0. **Current Year Prior Year** 129,315 144,406. Contributions and grants (Part VIII, line 1 8 Revenue Program service revenue (Part VIII, line 145,473. 59,776. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 1.477. 3,112. 10 46,036. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 39,862. 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 316,127. 253,330. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 170,291. 178,699 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 14 75,767. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 78,329 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,664. 39,060. 50,092. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 296,088. 296,150. 18 -42,820. 20,039. Revenue less expenses. Subtract line 18 from line 12 . 19 **Beginning of Current Year End of Year** 

Part II Signature Block

20

21

22

Total assets (Part X, line 16)

Total liabilities (Part X, line 26) . . . .

Net assets or fund balances. Subtract line 21 from line 20

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign    Here	Signature of officer CHARLES SNAVELY,  Type or print name and title	TREASURER	Da	le			
Paid Preparer Use Only	Print/Type preparer's name BRADLEY K. DAVIS	Preparer's signature	Date   Check   if   PTIN     108/14/2020   self-employed   P01041				
		DAVIS-CERTIFIED PUBLIC ACCTS, P. C STREET, SUITE A, SAINT AUGUSTINE,		n's EIN ► 59-3720010			
May the IRS		preparer shown above? (see instructions)	· · · · ·	X Yes No			

459,515.

80,982.

08/14/2020

378,533.

467,855.

132,142.

335,713.

Part I	
1	Check if Schedule O contains a response or note to any line in this Part III
1	THE EDIENDS OPCONIZATION WILL DOOUTE SUDDOPT
	TO ASSIST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE
	IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCATION AND RESOURCE MANAGEMENT
	IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCATION AND RESOURCE TRANSPORTER
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 248,242. including grants of \$ 170,291.) (Revenue \$ 66,685.)
	SUPPORT THE GOALS AND OBJECTIVES, PROGRAMS AND
	ACTIVITIES OF THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARIANE
	RESEARCH RESERVE.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
10	
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$) (nevenue \$)
	Oll (December 1) of Carlot delay (O)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 248,242.

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	UN 808 AND 600	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20 a	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	V	

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		^
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	or IV, and Part V, line 1	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax											
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	CATEGORISM SAN								
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
5	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		×								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30	-									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.										
_	gifts were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
	required to file Form 8282?	7c		×								
d	If "Yes," indicate the number of Forms 8282 filed during the year											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f 7g		×								
g												
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8										
9	sponsoring organization have excess business holdings at any time during the year?			×								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×								
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b											
11	Section 501(c)(12) organizations. Enter:		Sept. (1)									
а	Gross income from members or shareholders											
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)											
100	against amounts due or received from them.)	12a		19625								
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		Signal Signal								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which		5 100 S									
	the organization is licensed to issue qualified health plans											
C	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	-	+								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-										
	excess parachute payment(s) during the year?	15	101200									
40	If "Yes," see instructions and file Form 4720, Schedule N.	16										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16										
	II 165, Complete Form 4/20, Schedule O.	For	m 99	<b>0</b> (2018)								

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.											
	Check if Schedule O contains a response or note to any line in this Part VI											
Section	on A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 14											
	If there are material differences in voting rights among members of the governing body, or											
	if the governing body delegated broad authority to an executive committee or similar	C week										
	committee, explain in Schedule O.											
b												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?												
3	Did the organization delegate control over management duties customarily performed by or under the direct											
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>×</u>								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×								
6	Did the organization have members or stockholders?	6		_×_								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		_x_								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during											
	the year by the following:											
a	The governing body?	8a 8b	X									
b	Each committee with authority to act on behalf of the governing body?	OD	X									
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C										
40	Did the considering have been been been been as officiated?	100	Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		×								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	- China Consul								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120										
13	describe in Schedule O how this was done	12c	×									
14	Did the organization have a written document retention and destruction policy?	14	×	-								
	Did the process for determining compensation of the following persons include a review and approval by	58837										
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4 -		27.97								
a	The organization's CEO, Executive Director, or top management official	15a	_									
b	Other officers or key employees of the organization	15b	×	We Man								
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the											
	organization's exempt status with respect to such arrangements?	16b										
Secti	ion C. Disclosure	1.00	1									
17	List the states with which a copy of this Form 990 is required to be filed ► FL											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-											
.5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,		(-)								
	☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.			y, and								
20	State the name, address, and telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization's books and relevant telephone number of the person who possesses the organization is books and relevant telephone number of the person who possesses the organization is books and relevant telephone number of the person who possesses the organization is books and relevant telephone number of the person who possesses the organization is books and relevant telephone number of the person telephone number of the person who possesses the organization is books and relevant telephone number of the person who possesses the organization is books and relevant telephone number of the person telephone nu			526								

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no		d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo of directo	ot ch unles	s pe	ition more	than or trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOHN REED DIRECTOR	1.70	×						0.	0.	0.
(2) STEVE SWANN DIRECTOR	1.70	×						0.	0.	0.
(3) DAVID GREEN DIRECTOR	1.70	×		1				0.	0.	0.
(4) AMANDA RYAN SECRETARY	1.70	×		×				0.	0.	0.
(5) JULIE EDWARDS VICE PRESIDENT	1.70	×		×				0.	0.	0.
(6) SHERRY DAVID DIRECTOR	1.70	×						0.	0.	0.
(7) ERIC SMITH DIRECTOR	2.00	×						0.	0.	0.
(8) MARK RYAN PRESIDENT	3.34	×		×				0.	0.	0.
(9) COURTNEY HACKNEY DIRECTOR	1.70	×						0.	0.	0.
(10) LAURA HINDS DIRECTOR	1.70	×						0.	0.	0.
(11) CHARLES SNAVELY TREASURER	3.34	×		×				0.	0.	0.
(12) AMANDA MORROW DIRECTOR	1.70	×				_		0.	0.	0.
(13) DREW FRICK DIRECTOR	1.70	×						0.	0.	0.
(14) MARK WOOD DIRECTOR	1.70	×						0.	0.	0.

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any					is both or/trust	an ee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation fr related	om	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	from to from to from to organiza organiza	the ation ated	
(15)														_
(16)														-
(17)														_
(18)														_
(19)														
(20)														_
(21)							1							_
(22)														_
(23)														_
(24)														_
(25)														_
1b	Sub-total		• •	•				<b>&gt;</b>	0.		0.		0.	<u>-</u>
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		:	:	•		<b>&gt;</b>	0.		0.		0.	_
2	Total number of individuals (including bu reportable compensation from the organ		d to th	nose	e lis	ted	abov 0	e) v	vho received m	ore than \$100	),000 of			
3	Did the organization list any former or employee on line 1a? If "Yes," complete											3	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000	)? .	lf "Ye	es, "	complete Sci	hedule J for	such	4	×	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	ensa	tior	fro	m an	y ui	nrelated organi	zation or indi	/idual	5	×	
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re year.												n's tax	
	(A) Name and business ad	dress							(B) Description of	services	Coi	(C) mpensa	tion	
														_
								+						
	Total number of independent contract	ors (includi	ing b	ut ı	not	lim	ited t	o t	hose listed at	oove) who				

received more than \$100,000 of compensation from the organization ▶

Part	VIII	Statement of Reve Check if Schedule O		nonse or note to	any line in this	Part VIII		П
		Check ii Scheddie C	COMMINS & FES	porise or riote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Gifts, Grants llar Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	1b	39,146.				
ions, Gift Similar	d e f	Related organizations Government grants (con All other contributions, gi	tributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	g h	and similar amounts not inc Noncash contributions includ <b>Total.</b> Add lines 1a–1	led in lines 1a–1f: \$	105,260.	144,406.			
		Total / lad iii loo la l		Business Code				
venu	2a	PROGRAM FACILI		900099	26,704.	26,704.	0.	0.
Program Service Revenue	b c d	SUMMER CAMP/EDUCATI	ONAL PROGRAMS	900099	33,072.	33,072.	0.	0.
rau	e	All other program con						
rog	f g	All other program ser Total. Add lines 2a-2			59,776.			
	3	Investment income and other similar amo	(including dividuals)	lends, interest,	3,124.	3,124.	0.	0.
	4 5	Income from investmen Royalties	it of tax-exempt b					
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or	(loss)	▶		TANKE DE LE LA PERSONNE DE LA POPULACIÓN DE LA PERSONNE DE LA PERS		
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	14	assets other than inventory	126.					
	b	Less: cost or other basis and sales expenses .	138.					
	C	Gain or (loss)	-12.			1.0		
	d	Net gain or (loss) .			-12.	-12.	0.	0.
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported)	0. ed on line 1c).					
her		See Part IV, line 18 .		10/0101				
ğ	b	Less: direct expenses					-	
	9a	Net income or (loss) income from gase Part IV, line 19	aming activities.		42,239.		0.	42,239.
	b	Less: direct expense	s	0				
	10a	Net income or (loss) to Gross sales of in returns and allowance	nventory, less					
	b	Less: cost of goods	sold I	0	100			
	С	Net income or (loss)						
		Miscellaneous F	Revenue	Business Code				
	11a b	UNREALIZED GAINS C	ON INVESTMENTS	900099	3,797.	3,797.	0.	0.
	С	ΛII ath						
	d	All other revenue .  Total. Add lines 11a-			3,797.	New State of the S		
	12	Total revenue. See i			253,330.	66,685.	0.	42,239.
						,		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b, p, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	170,291.	170,291.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	70,370.	35,185.	19,704.	15,481.
9	Other employee benefits				
10 11	Payroll taxes	5,397.	2,699.	1,511.	1,187.
а	Management				
b	Legal	0.400		0.400	
C	Accounting	2,490.	0.	2,490.	0.
d e	Lobbying			All garden and the second	
f	Investment management fees	175.	0.	175.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5,034.	4,531.	0.	503.
13	Office expenses	100.	50.	25.	25.
14	Information technology	9,228.	9,228.	0.	0.
15	Royalties				
16	Occupancy				
17 18	Travel	2,814.	2,814.	0.	0.
19	Conferences, conventions, and meetings .	3,166.	2,375.	791.	0.
20	Interest	1.	0.	1.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,945.	5,945.	0.	0.
23	Insurance	2,710.	2,710.	0.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	COMPUTER EQUIPMENT & EQUIPMENT EXPENSES	1,524.	1,524.	0.	0.
b	DUES AND SUBSCRIPTIONS	4,569.	4,112.	0.	457.
C	INSURANCE-WORKER'S COMPENSATION	574.	0.	574.	0.
d	LICENSES AND TAXES	263.	0.	263.	0.
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	11,499.	6,778.	2,710.	2,011.
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	296,150.	248,242.	28,244.	19,664.

Part X Balance Sheet

F	art X	Check if Schedule O contains a response or	note to a	any line in this Par	t X		
		Gridon in Goriodano G Gorinaino a recipente or	11010101		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			156,071.	1	180,881.
	2	Savings and temporary cash investments		[	77,641.	2	78,479.
	3	Pledges and grants receivable, net	21,278.	3	3,482.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f		-			
		trustees, key employees, and highest co	mpensat	ed employees.			
		Complete Part II of Schedule L			Distributed Common Ages (Company to Common Action Common A	5	and the state of t
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volume	d contribut	ting employers and oyees' beneficiary			
ets		organizations (see instructions). Complete Part II of Sche		<u></u>		6	
Assets	7	Notes and loans receivable, net		-		7	
4	8	Inventories for sale or use				8	695.
	9	Prepaid expenses and deferred charges				9	The trace of \$2.70 to the desired program of the con-
	10a	Land, buildings, and equipment: cost or					
	_	other basis. Complete Part VI of Schedule D	10a		142 271		127 427
	b	The state of the s		87,680.	143,371.		137,427.
	11				61,154.	11	66,891.
	12	Investments—other securities. See Part IV, line 1				12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4E0 E1E	15	167 OFF
$\dashv$	16	Total assets. Add lines 1 through 15 (must equa			459,515.	16	467,855.
	17	Accounts payable and accrued expenses		1	949. 80,033.	17	544. 131,598.
	18	Grants payable			80,033.	18	131,390.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		1		21	
ties	22	Loans and other payables to current and for trustees, key employees, highest compen					
≣		disqualified persons. Complete Part II of Schedu				00	
Liabilities						22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D	5 17-24).	Complete Lart X		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			80,982.	26	132,142.
_	20	Organizations that follow SFAS 117 (ASC 958	) check	here X and		20	132,142.
es		complete lines 27 through 29, and lines 33 an		nordy M und			
nc	27	Unrestricted net assets			378,533.	27	335,713.
ala	28	Temporarily restricted net assets			0.07000	28	
D E	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or e				31	
As	32	Retained earnings, endowment, accumulated in				32	
let	33	Total net assets or fund balances			378,533.		335,713.
2	34	Total liabilities and net assets/fund balances .			459,515.		467,855.

Form **990** (2018)

_	40
Page	12

<b>Part</b>							
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	25	3,3	30.			
2							
3	Revenue less expenses. Subtract line 2 from line 1	-42,820.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	31	78,5	33.			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	3.	35,7	13.			
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>					
		No. 14 roboticos de	Yes	No			
1	Accounting method used to prepare the Form 990:  Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	int to our	×			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			17.16			
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b	12000000	×			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	0-					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		100000000			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
•	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a		×			
	the Single Audit Act and OMB Circular A-133?	Sa		-			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such addits.	OD					

Form **990** (2018)

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

**Open to Public** Inspection

Name of the organization					Employer identification	number	
RIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. 91-2081432							
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
2 A school described in sect							
<ul><li>3  A hospital or a cooperative</li><li>4  A medical research organization</li></ul>						ii) Enter the	
4 A medical research organize hospital's name, city, and		njunction with a nosp	itai uesci	ibed iii Si	ection 170(b)(1)(A)(i	ii). Litter the	
5 An organization operated section 170(b)(1)(A)(iv). (C	for the benefit of a	college or university of	owned or	operate	d by a governmenta	al unit described in	
6 A federal, state, or local go		nental unit described	in <b>sectio</b>	n 170(b)(	1)(A)(v).		
7 An organization that norm described in section 170(I	ally receives a subst	antial part of its supp				the general public	
8 A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete F	art II.)				
9 An agricultural research or or university or a non-land university:	grant college of agri	culture (see instructio	ns). Ente	r the nam	e, city, and state of	the college or	
10 An organization that normal receipts from activities related support from gross investre acquired by the organization	ated to its exempt fur ment income and unr on after June 30, 197	nctions—subject to ce elated business taxab '5. See <b>section 509(a</b>	ertain exc ble incom <b>)(2).</b> (Con	eptions, a e (less se nplete Pa	and (2) no more thar ection 511 tax) from l rt III.)	1 33¹/₃% of its	
11 An organization organized							
12 An organization organized of one or more publicly si	and operated exclus	ively for the benefit of	, to perfo	rm the tu	nctions of, or to car	ry out the purposes	
Check the box in lines 12a							
a Type I. A supporting o the supported organization	rganization operated ation(s) the power to	, supervised, or contro regularly appoint or el	olled by it	ts suppor jority of th	ted organization(s),	typically by giving	
supporting organizatio							
b Type II. A supporting of control or management organization(s). You m	t of the supporting o	rganization vested in t	the same				
c Type III functionally in						ally integrated with,	
its supported organiza				100			
d Type III non-functionally requirement (see instru	integrated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
e Check this box if the of functionally integrated	rganization received	a written determination	n from th	ne IRS tha	at it is a Type I, Type	e II, Type III	
f Enter the number of suppor							
g Provide the following inform	ation about the supp						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
	CONFERENCES HARMONE TANCER AND AND	TATORIAN PLANTA MARKET MARKET STATE OF THE S	PERSONAL PROPERTY.	STREET, STREET, STREET,			

Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support				r		
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
•	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
ea :	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		100000000000000000000000000000000000000				
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(b) 2013	(0) 2010	(u) 2017	(6) 2010	(i) Total
8	Gross income from interest, dividends,						
Ū	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	Washing Land Helder	6 (1972) 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	/see instructi	ione)			12	ħ.
13	First five years. If the Form 990 is for t			nd. third. fourt	h. or fifth tax v		on 501(c)(3)
	organization, check this box and <b>stop</b> he						▶ 🗆
Secti	ion C. Computation of Public Suppo						
14	Public support percentage for 2018 (line	6, column (f) d	livided by line	11, column (f))		14	%
15	Public support percentage from 2017 Sc					15	%
16a	331/3% support test—2018. If the organ						
2	box and stop here. The organization qua						
b	331/3% support test—2017. If the organithis box and stop here. The organization						
	-						_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m	2018. If the org	ganization did i	not check a bo	ox on line 13,	and stop here	nd line 14 is
	Part VI how the organization meets the						
	organization			_	•		
<b>L</b>	10%-facts-and-circumstances test—2						
b	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization of	did not check a	a box on line 13	3, <mark>1</mark> 6a, 16b, 17	a, or 17b, che	ck this box and	d see

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	108,282.	46,454.	107,928.	129,315.	144,406.	536,385.
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	35,773.	45,956.	66,111.	145,473.	59,776.	353,089.
3	Gross receipts from activities that are not an					1	
	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	144.055	00 410	174 020	074 700	204 102	000 474
6	Total. Add lines 1 through 5	144,055.	92,410.	174,039.	274,788.	204,182.	889,474.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
	* * * *	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	22,947.	0.	138.	66,307.	62,551.	151,943.
_	Add lines 7a and 7b	22,947.	0.	138.	66,307.	62,551.	151,943.
с 8	Public support. (Subtract line 7c from	22, 341.	0.	150:	00,307.	02/331.	131/313.
U	line 6.)						737,531.
Secti	on B. Total Support		Distribution of the Action	(Asset Selection of the Control of t			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	144,055.	92,410.	174,039.	274,788.	204,182.	889,474.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	434.	3,011.	1,369.	1,477.	3,112.	9,403.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	434.	3,011.	1,369.	1,477.	3,112.	9,403.
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.)	16 022	39,496.	25 613	52 006	49,213.	193,260.
13	Total support. (Add lines 9, 10c, 11,	16,932.	39,496.	35,613.	52,006.	49,213.	193,200.
10	and 12.)	161,421.	134 917	211 021	328 271	256 507	1,092,137.
14	First five years. If the Form 990 is for the	he organization					
A. A.	organization, check this box and stop he						🕨 🗆
Secti	ion C. Computation of Public Suppo						
15	Public support percentage for 2018 (line	8, column (f), o	divided by line	13, column (f))		. 15	67.53 <b>%</b>
16	Public support percentage from 2017 Sc					. 16	71.66 %
Secti	ion D. Computation of Investment In						
17	Investment income percentage for 2018						0.86 %
18	Investment income percentage from 201						0.79 %
19a	331/3% support tests-2018. If the organ	nization did no	t check the bo	x on line 14, a	and line 15 is r	more than 331/3	%, and line
	17 is not more than 331/3%, check this box						
							4 4 1 /0 U/2 ODO
b	331/3% support tests—2017. If the organi						
b 20	331/3% support tests—2017. If the organi line 18 is not more than 331/3%, check this <b>Private foundation.</b> If the organization of	box and stop I	here. The organ	nization qualifie	s as a publicly	supported orga	nization

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	ons
----------------------------------------	-----

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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. Did the organization have any supported organization that does not have an IRS determination of statu 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) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b 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 foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 El 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 actio 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 alread designated in the organization's organizing document?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled enti with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 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 mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
g y	1		
is d	2		
er	3a		
d e			de M
3)	3b 3c		
lf	4a	731.3	
jn on	4b		
on ed B)	TE A		
s," IN n; on	4c		
dy	5a 5b		
to ed or	5c		
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ch	9a 9b		
efit	9c		
on ed	10a		
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orm	990 o	r 990-E	<b>Z</b> ) 2018

Part	V Supporting Organizations (continued)			
		ACCUMANT NA	Yes	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)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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.  on B. Type I Supporting Organizations	TIC		
secu	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Shies.	163	140
	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			0.00
	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.			
	organizations and what conditions of 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soct!	on C. Type II Supporting Organizations	2		
Secti	on o. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	il-	103	140
•	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	- POLICE AND ALCOHOLOGIC	COMMUNICATIONS.
Secti	on D. All Type III Supporting Organizations			
			Yes	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		TO SECOND
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 Part VI 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 Part VI the role the organization's		20 703	
	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	instru	ction	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	/ !-	-4	4'\
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	see ir		No
2	Activities Test. Answer (a) and (b) below.	25/25/3	162	140
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.	2a		
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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			TX I
	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? Provide details in Part VI.	3a	S AND ARREST	d Holesonsk
b	THE THE THE THE PROPERTY AND A SHEET OF THE PROPERTY AND A PROPERT	CI		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		$\bot$

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	Jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
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		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ting organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			Not blickely by
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d				
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

OMB No. 1545-0047

2018

**Employer identification number** 

91-2081432

Organization type (check one): Filers of: Section: Form 990 or 990-EZ **区** 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**Employer identification number** 

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

91-2081432

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person  $\times$ Payroll Noncash 5,000. (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person 2 Payroll Noncash 15,000. (Complete Part II for noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person X **Payroll** Noncash 15,094. (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. X Person 4 **Payroll** Noncash 32,847. (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person 5 Payroll Noncash 5,000. (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. X Person 6 **Pavroll** 5,000. Noncash (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. 91

91-2081432

Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_··	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

RIENDS Part III	OF GUANA TOLOMATO MATANZAS NATION Exclusively religious, charitable, exclusively total more than \$1,000 for	tc., contributions to	organizations de	scribed in se	
	the following line entry. For organiza contributions of \$1,000 or less for the	tions completing Par	t III, enter the total	of exclusively	religious, charitable, etc.,
	Use duplicate copies of Part III if add	ditional space is need	ded.		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descri	ption of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transfe	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descri	ption of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	and ZIP + 4	Relation	ship of transfo	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descri	iption of how gift is held
		(a) Trans	fer of gift		
	Transferee's name, address, a			nship of transf	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descr	iption of how gift is held
	Transferee's name, address, a		fer of gift  Relationship of transferor to transferee		
					4

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	f the organization		Employer identification number
FRIE	NDS OF GUANA TOLOMATO MATANZAS NATIONAL EST	TUARINE RESEARCH RESERVE, INC.	91-2081432
Par			ds or Accounts.
	Complete if the organization answered '		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) i unus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	- 100 Maria	
U	only for charitable purposes and not for the benef		
			· · · · · · · · Yes 🗌 No
Part	Conservation Easements.		
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	tion or education)   Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	3.4 4 <b>444</b>	Held at the End of the Tax Year
_			(A) September
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I		
d	Number of conservation easements included in		
			34 (1907)
3	Number of conservation easements modified, tran-	sferred, released, extinguished, or ten	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea	asements it holds?	Yes . No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcir	ng conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$	, , , , , , , , , , , , , , , , , , , ,	,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		lancial statements that describes the
			Other Cimiles Accets
Pan	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements the	at describes these items.
b	If the organization elected, as permitted under 5	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts rela-	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of an	t. historical treasures. or other simila	ar assets for financial gain, provide the
_	following amounts required to be reported under s		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
U	, ioooto moidada iri omi ooo, raita		Ψ

_			•
۲a	10	е	~

Part								
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other re	ecord	ds, check	any of the	follow	ing that are a sig	nificant use of its
а	☐ Public exhibition		<b>d</b>	Loan	or exchange	progra	ams	
b	☐ Scholarly research		e [	Other				
С	☐ Preservation for future generations							
4	Provide a description of the organization's	collections and e	explai	n how th	ey further th	e orga	anization's exemp	ot purpose in Part
	XIII.		•				•	
5	During the year, did the organization solic	it or receive dona	ations	of art, h	nistorical trea	sures	, or other similar	
	assets to be sold to raise funds rather than	to be maintained	as p	art of the	organization	's col	lection?	☐ Yes ☐ No
Part								
	Complete if the organization ans		Forn	n 990. P	art IV, line 9	or r	eported an amo	ount on Form
	990, Part X, line 21.			,	,			
1a	Is the organization an agent, trustee, cust	todian or other in	term	ediary fo	r contribution	ns or	other assets not	0
	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part XI	II and complete th	ne fol	lowina ta	ıble:			
	<b>3</b>			J			Am	ount
С	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		-
2a	Did the organization include an amount on					-	account liability?	☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XI						127	
Pari		III. OHOOK HOIC II U	IC CX	piariatioi	rnas been pi	Ovido	d off r dit Air .	
T CIT	Complete if the organization ans	wered "Yes" on	Forr	n 990 F	Part IV line	10		
			b) Prio		(c) Two years b		(d) Three years back	(e) Four years back
1a	Beginning of year balance			7	(-)		(-,	.,,
b	Contributions					-		
C	Net investment earnings, gains, and					-		
C	losses					1		
						-		
	Grants or scholarships							
е	Other expenditures for facilities and					1		
_	programs							
f	Administrative expenses							
g	End of year balance				L			
2	Provide the estimated percentage of the co	•	alance	e (line 1g	, column (a))	held a	is:	
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶%							
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sh							
3a	Are there endowment funds not in the pos	ssession of the or	ganiz	zation tha	at are held ar	nd adı	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organi	izations listed as r	equir	ed on So	chedule R? .			3b
4	Describe in Part XIII the intended uses of t	he organization's	endo	wment fi	unds.			
Part	VI Land, Buildings, and Equipmen	nt.						
	Complete if the organization ans	wered "Yes" on	For	n 990, I	Part IV, line	11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other ba	asis		or other basis		Accumulated	(d) Book value
		(investment)		(0	ther)	de	epreciation	
1a	Land		0.					0.
b	Buildings							73000000000000000000000000000000000000
C	Leasehold improvements				07,000.		74,350.	132,650.
d	Equipment				18,107.		13,330.	4,777.
е	Other							
Total	Add lines 1a through 1e (Column (d) must	equal Form 990 I	Part )	Columi	(R) line 10c	.)	<b>D</b>	137.427.

Part VII	Investments—Other Securiti		200 5 11/11	
				11b. See Form 990, Part X, line 12
	(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	I derivatives			
	held equity interests			
(3) Other			-	
(A)			-	
(B) (C)				
(D)				
(E)			-	
<del>\-'</del> (F)			-	
(G)			-	V V Company
(H)				
Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments-Program Rela		Dick	
	Complete if the organization a	nswered "Yes" on Fo	orm 990, Part IV, line	11c. See Form 990, Part X, line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation:
				Cost or end-of-year market value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)	entition anything and a second			
(7)				
(8)				***************************************
(9) Total (Column (	(b) must equal Form 990, Part X, col. (B) line 13.)	<b>-</b>	79	
Part IX	Other Assets.			
I di Circ		nswered "Yes" on Fo	orm 990 Part IV line	11d. See Form 990, Part X, line 15
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(0)				
(9)	(A)	(0) (1)		
Total. (Colu	ımn (b) must equal Form 990, Part X	(, col. (B) line 15.)		
(9)	Other Liabilities.	*		
(9) Fotal. (Colu	Other Liabilities. Complete if the organization a	*		▶  11e or 11f. See Form 990, Part X,
(9) Fotal. <i>(Colu</i> Part X	Other Liabilities. Complete if the organization a line 25.	nswered "Yes" on Fo	orm 990, Part IV, line	
(9) Fotal. (Colu Part X	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	*	orm 990, Part IV, line	
(9) Fotal. (Colu Part X  I. (1) Federal in	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	
(9) Fotal. (Columnation of the Columnation of the C	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	
(9) Fotal. (Columnation of the Columnation of the C	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	
(9)  Fotal. (Columnation (Colum	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	
(9) Fotal. (Columnation (Column	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	
(9)  Fotal. (Columnation of the columnation of the	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	
(9)  Total. (Colu  Part X  1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	
(9)  Total. (Colu  Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV, line	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	L × L	
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	-
d		2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	
с 5	Add lines <b>4a</b> and <b>4b</b>		4c   5
Part	· · · · · · · · · · · · · · · · · · ·		
rait	Complete if the organization answered "Yes" on Form 990,		er neturn.
1	<u> </u>	raitiv, iiile iza.	11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	2a	
a b	Prior year adjustments	2b	
C	Other losses	20	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i i i i i i i i i i i i i i i i i i	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
<b>Part</b>	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
	<u>`</u>		

Schedule D (For	chedule D (Form 990) 2018 Page <b>5</b>				
	Supplemental Information (continued)				
	l*				
	,				

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

	of the organization					Employer identific	auon number
	NDS OF GUANA TOLOMATO MATAI						
Par	Fundraising Activities. Form 990-EZ filers are n	Complete if th ot required to	e organiza complete	ation answ this part.	vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e	Solicitati	on of non-govern	ment grants	
b	☐ Internet and email solicitation	าร	f [	Solicitati	on of governmen	t grants	
С	☐ Phone solicitations		g 🗆	Special f	undraising events	3	
d	☐ In-person solicitations		-		•		
2a	Did the organization have a writ						
b	or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e	ntities (fund			-	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2			5				
3							
4						0,000,000	
5							
6							
7							
8							
9	,						
10	,						
Total				▶			
3	List all states in which the orga registration or licensing.			censed to s	solicit contribution	ns or has been notif	ied it is exempt from

, 'c

	3
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		g. 200				
			(a) Event #1 OCEANWISE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ı			(event type)	(event type)	(total number)	col. (c))
e l			(**************************************			
Revenue	1	Gross receipts	46,184.			46,184.
"	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	46,184.			46,184.
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs	3,141.			3,141.
Direct Expenses	7	Food and beverages	1,244.			1,244.
Direc	8	Entertainment				
	9	Other direct expenses .	2,380.			2,380.
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		6,765.
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		_39,419.
Pa	rt III		e organization answe	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
- je			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-, 3-	bingo/progressive bingo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	còl. (a) through col. (c))
Re	4	Cross rovenus				
	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	column (d)		
_	8	Net gaming income summar	y. Subtract line 7 from I	line 1, column (d)		
_				and a cotivities		
9	a l	Enter the state(s) in which the or Is the organization licensed to c If "No," explain:	onduct gaming activitie	s in each of these state		Yes No
	וע	ii No, explaiii.				
10		Were any of the organization's o	gaming licenses revoke	d, suspended, or termir		
	· ·					

Schedu	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility	4	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	☐ Yes	☐ No
b			
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
a			
	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year	/:::\I	/. A
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	nal infor	mation.
	2		

Page 3

### **SCHEDULE I** (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Employer identification number

Name of the organization							Employer identification number
FRIENDS OF GUANA TOLOMA	TO MATANZAS	NATIONAL EST	UARINE RESEA	RCH RESERVE,	INC.		91-2081432
Part I General Information							
<ol> <li>Does the organization mainta the selection criteria used to</li> <li>Describe in Part IV the organ</li> <li>Part II Grants and Other As</li> </ol>	award the grants ization's procedur	or assistance? es for monitoring	 the use of grant fu	nds in the United	States.	* * * *	ssistance, and
Part IV, line 21, for an	y recipient that r	eceived more th	an \$5,000. Part	II can be duplica	ated if additional s	pace is needec	l
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista	of (h) Purpose of grant
(1) GUANA TOLOMATO MATANZAS ESTUARINE RESERVE 505 GUANA RIVER ROAD PONTE VEDRA BEACH FL 32082	59-6001874		170,291.		FMV		RESERVE SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>	n 501(c)(3) and gov organizations listed	vernment organiza I in the line 1 table	tions listed in the l	ine 1 table			1 0

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
rt IV Supplemental Information. Provi	de the information r	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	ional information.
I Line 2: FUNDS ARE PROVIDED TO					
LTURAL RESOURCES, AND SCIENTIFI					
HE ORGANIZATION PROVIDES FUNDS					
MONITOR PROJECTS FOR WHICH FUN					
MONITOR PROJECTS FOR WITCH FOR	DO AND KHILIDOK				

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

### Supplemental Information to Form 990 or 990-EZ

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

vide any additional information.
rm 990 or 990-EZ.
1990 for the latest information.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	91-2081432
Pt VI, Line 11b: THE FORM 990 IS MADE AVAILABLE VIA EMAIL TO ALL	BOARD MEMBERS
FOR THEIR REVIEW AND ANY ADJUSTMENTS. A FINAL REVIEW IS THEN PER	FORMED BY THE
PRESIDENT, TREASURER AND EXECUTIVE DIRECTOR FOR ACCURACY PRIOR TO	FILING THE
FORM 990 TAX RETURN.	
Pt VI, Line 12c: EACH DIRECTOR AND THE EXECUTIVE DIRECTOR IS RESE	ONSIBLE FOR
BRINGING ANY CONFLICTS NOT DISCLOSED TO THE ATTENTION OF THE BOAR	RD
Pt VI, Line 15a: THE BOARD REVIEWS THE EXECUTIVE COMPENSATION BAS	SED ON INDUSTRY
AND REGION COMPARATIVES, AND THEIR COLLECTIVE EXPERIENCE.	
Pt VI, Line 15b: THE BOARD REVIEWS THE COMPENSATION BASED ON INDU	JSTRY AND REGION
COMPARATIVES, AND THEIR COLLECTIVE EXPERIENCE.	
Pt VI, Line 19: GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST	POLICY ARE
AVAILABLE UPON REQUEST. OUR FINANICAL STATEMENT IS AVAILABLE VIA	THE FLORIDA
DEPT. OF AGRICULTURE'S WEBSITE OR UPON REQUEST.	
Other: SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION - SE	EE ATTACHED
Other: SECTION 1.263(a)-3(h) SAFE HARBOR ELECTION FOR SMALL TAXPA	AYERS - SEE
ATTACHED	
Pt IX, Line 24e:	
Description: BANK SERVICE/ONLINE SERVICE CHARGES	
Total: \$997	
Program services: \$0	
Management and general: \$997	
Fundraising: \$0	
Description: MEALS AND ENTERTAINMENT	
Total: \$168	
Program services: \$0	

Name of the organization Employer identification number
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. 91-2081432
Management and general: \$168
Fundraising: \$0
Description: MEMBERSHIP DEVELOPMENT
Total: \$564
Program services: \$564
Management and general: \$0
Fundraising: \$0
Description: MISCELLANEOUS EXPENSES
Description. MISCELLANEOUS EXPENSES
Total: \$299
Program services: \$299
Management and general: \$0
Fundraising: \$0
Description: PAYROLL DATA PROCESSING
Total: \$2,043
Program services: \$1,021
Management and general: \$511
Fundraising: \$511
Description: PENALTIES AND LATE FEES
Total: \$200
Program services: \$0
Management and general: \$200
Fundraising: \$0
Description: POSTAGE EXPENSE
Total: \$2,107
Program services: \$1,053
Management and general: \$527
Fundraising: \$527

F	Page	2

Name of the organization Employer identification number	
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. 91-2081432	
Description: PRINTING EXPENSE	
Total: \$3,077	
Program services: \$2,308	
Management and general: \$0	
Fundraising: \$769	
Description: SUPPLIES	
Total: \$2,044	
Program services: \$1,533	
Management and general: \$307	
Fundraising: \$204	

### **Additional Information**

Name PRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	Identification Number 91-2081432
SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION	
TAX YEAR: SEPTEMBER 30, 2019	
THE TAXPAYER ELECTS TO MAKE THE DE MINIMIS SAFE HARBOR	ELECTION UNDER
REGULATION 1.263(a)-1(f).	
NAME: FRIENDS OF GUANA TOLOMATO MATANZAS NATION	AL ESTUARINE
RESEARCH RESERVE, INC.	
ADDRESS: 505 GUANA RIVER ROAD, PONTE VEDRA BEAC	H, FL 32082
IDENTIFICATION NUMBER: 91-2081432	

fdiv0101.SCR 12/10/18

### **Additional Information**

Name PRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	Identification Number 91-2081432
SECTION 1.263(a)-3(h) SAFE HARBOR ELECTION FOR SMALL TA	XPAYERS
TAX YEAR: SEPTEMBER 30, 2019	700
THE TAXPAYER ELECTS TO MAKE THE SAFE HARBOR ELECTION FOR	SMALL TAXPAYERS
UNDER REGULATION 1.263(a)-3(h).	
NAME: FRIENDS OF GUANA TOLOMATO MATANZAS NATION	AL ESTUARINE
RESEARCH RESERVE, INC.	
ADDRESS: 505 GUANA RIVER RD, PONTE VEDRA BEACH,	FL 32082
IDENTIFICATION NUMBER: 91-2081432	
IMPROVEMENTS LOCATED AT THE 505 GUANA RIVER RD., PONTE	VEDRA BEACH, FL
LOCATION.	

fdiv0101.SCR 12/10/18

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or 91-2081432 FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the 505 GUANA RIVER ROAD due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See PONTE VEDRA BEACH FL 32082 instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . . Return Application Return Application Code Code Is For Is For 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ Form 1041-A 80 02 Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 12 06 Form 8870 Form 990-T (trust other than above) The books are in the care of ► ELLEN LEROY-REED Fax No. ► (904)825-6829 Telephone No. ► (904)823-4526 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box . . . . ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until Aug 17 , 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 or $\blacktriangleright$ $\boxtimes$ tax year beginning Oct 1 ,20 18 , and ending Sep 30 ,20 19 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0. 3b Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.