Florida Department of Environmental Protection



CITIZEN SUPPORT ORGANIZATION 2020 REPORT IMPLEMENTATION OF 20.058 F.S.

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 (if applicable): HTTPS://GTMNERR.ORG

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.

Brief Description of the CSO's Mission:

The Friends of the GTM Reserve's 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.

Brief Description of the CSO's Results Obtained:

Friends of the GTM Reserve's officers and directors provided support by attending monthly business meetings, representing the GTM NERR at community events and in groups such as the Management Advisory Group, planning and executing fundraising events, using social media to raise awareness of the GTM NERR and its significant in the community, and creating 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 financial manage grants, the GTM NERR has been able to expand their research, education and stewardship programs. Grants include: 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 will be funded, at minimum, into 2021.

Staff at the GTM NERR have been able to attend certification classes, workshops, and conferences relevant to the GTM NERR mission, publish research papers, and maintain memberships in organizations and groups using funds provided by Friends and their supporters.

The Friends continue to create a culture of collaboration between Friends members, officers, directors, and the GTM Research Reserve staff in order to improve and support program outcomes. To accomplish this, the Friends organize meet-and-greets with GTM program managers, Friends board members, and key volunteers. Program managers also have 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 third 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 paddle board 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 have increased their engagement with community organizations to build recognition and partnerships for the GTM NERR. Organizations include: Rotary International, Northeast Florida Association of REALTORS, St. Johns County Change of Commerce, and the Kiwanis Club. The Friends launched a corporate partnership program that provides unrestricted funding for GTM NERR programs from businesses in the regional including Baptist Health, MJW Consolidated, Aurora Builders, Coldwell Banker Vanguard Realty, Anderson Financial Partners, and Rogers Towers Law Firm. The Friends also continued fundraising for the sea turtle patrol through the Adopt-A-Nest Program.

The Friends secured a grant from NERRA to fund a facilitated working group to study accessibility and inclusivity at the GTM NERR. From the working group, the *GTM for All* Initiative was launched to improve accessibility and enhance programming for people with physical and development disabilities, students with autism and from Title I schools, the elderly, and other communities who may not be able to access the Reserve and its programs/amenities. The Friends provided seed funding for education programs, training, and certifications include *Kulture City* certification for the GTM Research Reserve Visitor Center. The Friends have hosted events for the Center for Autism and Related Disabilities UFHealth Game Night program in conjunction with the GTM NERR Education team. With the support of Friends, GTM NERR hosted a Family Day for students and their family members at a Title I school nearby. Friends provided transportation, food, and supplies for over 40 participants on a Saturday morning where families learned about the estuary and participated in activities related to the coastal ecosystem. Many of the students had never visited the beach despite living less than 20 miles from it. It is our goal to continue supporting programs like this in the future.

The Friends have worked closely with family and corporate foundations to provide funding for GTM NERR programs and have increased support from foundations by 15 percent over the previous year.

Membership has increased by 8 percent over the previous year.

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

The Friends of the GTM Reserve plan to:

- increase fundraising and revenue to support GTM NERR programs and the Reserve Management Plan, and bridge the gap in funding from state and federal agencies.
- increase the number of Friends members and supporters.
- create partnership with corporate partners, family foundations, and grantors.
- expand community outreach through partnerships with other nonprofits, civic organizations, and municipalities.
- develop a diverse portfolio of revenue and campaigns to maintain sustainable and consistent funding for the GTM NERR and its programs.
- increase support for the GTM for All initiative to improve accessibility, inclusivity, equity, and diversity at the GTM NERR.

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

CODE OF ETHICS

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

PREAMBLE

- 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.

7/9/14



Department of the Treasury Internal Revenue Service Ogden, UT 84201

Notice	CP211A September 30, 2019				
Tax period					
Notice date	November 25, 2019 91-2081432				
Employer ID number					
To contact us	Phone 877-829-5500				
	FAX 877-792-2864				
Dago 1 of 1					

Page 1 of 1

136840.204823.212501.9295 1 AB 0.412 370 $[\frac{1}{2}]^{\frac{1}{2}} [\frac{1}{2}]^{\frac{1}{2}} [\frac{1$ FRIENDS OF GUANA TOLOMATO MATANZAS % JAY LANGFELDER 505 GUANA RIVER RD PONTE VEDRA FL 32082-6527

136840

Important information about your September 30, 2019 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your	What you need to do						
September 30, 2019 Form 990. Your new due date is August 15, 2020.	File your September 30, 2019 Form 990 by August 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.						
	Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.						
Additional information	 Visit www.irs.gov/cp211a For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676). Keep this notice for your records. 						
	If you need assistance, please don't hesitate to contact us.						

	t.		EXTENSION EUED								
	00		EXTENSION FILED		OMB No. 1545-0047						
Forn	. 99	990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
Depa	artment of	f the Treasury	Do not enter social security numbers on this form as it may b		Open to Public Inspection						
-		ue Service	► Go to www.irs.gov/Form990 for instructions and the latest ndar year, or tax year beginning Oct 1 , 2018, and endir		, 20 19						
-			C Name of organization FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH		yer identification number						
	Address		Doing business as		2081432						
	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Teleph	one number						
	Initial ret		505 GUANA RIVER ROAD	(904	4)823-4527						
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende		PONTE VEDRA BEACH, FL 32082	the state of the s	receipts \$ 260, 442.						
	Applicat	ion pending	F Name and address of principal officer:		or subordinates? Yes X No						
			MARK RYAN, 505 GUANA RIVER RD, PONTE VEDRA BEACH, FL 320	IS2 H(b) Are all subordina	tes included? L Yes Mo n a list. (see instructions)						
<u>!</u>		mpt status:		H(c) Group exemption							
J K	Website		WW.GTMNERR.ORG X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma		te of legal domicile: FL						
Transferration of the	artl	Summ									
	1		escribe the organization's mission or most significant activities: THE F	RIENDS ORGANIZATIC	N WILL PROVIDE SUPPORT						
e		TO ASS	IST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUAR	INE RESEARCH	RESERVE						
Governance		IN THE	IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCATI	ON AND RESOUR	CE MANAGEMENT						
Veri	2		is box \blacktriangleright if the organization discontinued its operations or disposed								
ß	3		, , , , , , , , , , , , , , , , , , ,	$\cdot \cdot \cdot \cdot \cdot \cdot \frac{3}{4}$	14						
ŝ	4		of independent voting members of the governing body (Part VI, line 1b nber of individuals employed in calendar year 2018 (Part V, line 2a))	3						
Activities &	5		nber of volunteers (estimate if necessary)		200						
Acti	7a		elated business revenue from Part VIII, column (C), line 12								
	b		lated business taxable income from Form 990-T, line 38		0.						
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For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 05/20/19 PRO

Form 990 (2018)

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Part	20 (2018) Page Page Page Page Page Page Page Page
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FRIENDS ORGANIZATION WILL PROVIDE SUPPORT
	TO ASSIST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE
	IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCATION AND RESOURCE MANAGEMENT
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth 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.
46	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	
4c	
-10	
4d	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 248,242.

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Form 99	0 (2018)		Р	age 3
Part				
Harden Carolina			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? <i>If "Yes," complete Schedule D, Part II</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.		in the second	en de
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	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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	1	×
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	×
b		20b	<u> </u>	
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? 條的。26年初月4日 Schedule I, Parts I and II	21	_	
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Form 990 (2018)

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Part I	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		24b		
	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		
		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 disgualified 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			
2	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 disgualified persons? If "Yes," complete Schedule L, Part II	26		×
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	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, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	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? <i>If "Yes," complete Schedule L, Part IV</i>	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			
04	conservation contributions? If "Yes," complete Schedule M	30 31		×
31	Did the organization indudate, terminate, or dissolve and cease operations? If res, complete schedule N, rai i Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		-
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		~
~ ~	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			<u> </u>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		•	. 🗆
			Yes	No
1 a	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			- Maria
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	×	(Statistical
Carrier Contractor	reportable gaming (gambling) winnings to prize winners?			0 (2018

Form 99	Form 990 (2018) Page 5					
Part	Part V 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			and the		
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)		1999 - 19	1.0		
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 in 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	-	×		
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		×		
С	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	0				
	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	ch				
_	gifts were not tax deductible?	6b	1914			
7	Organizations that may receive deductible contributions under section 170(c).	Tige.		The star		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	NEW YOR	~		
h	and services provided to the payor?	7b		×		
b		10				
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		Contribution of the second			
e	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		×		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u>†</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ever - 1			
0	sponsoring organization have excess business holdings at any time during the year?	8	- Consecution and	×		
9	Sponsoring organizations maintaining donor advised funds.	1	See Line	- ANG		
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:					
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:					
а	Gross income from members or shareholders	-	av.			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	G LINDSCOM	ALCOROLINAM		
b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		a de la compañía de la			
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a	in torestable	10.00000000		
	Note. 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	E A	1			
	the organization is licensed to issue qualified health plans	1		No.		
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	142		×		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<u>'</u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45				
	excess parachute payment(s) during the year?	15	N IN NA	1.000		
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				
16	If "Yes," complete Form 4720, Schedule O.	10		1		
		2492636	THE REAL PROPERTY OF	ARE DESIRED AND		

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Form 99		-		age 6
Part				
	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		Ver	Ma
4	Enter the number of voting members of the governing body at the end of the tax year 14		Yes	No
1a				
	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	100 AND		
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14			S. S.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 A 1		
	any other officer, director, trustee, or key employee?	2		×
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		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	-	x
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	7-		
	one or more members of the governing body?	7a		<u>×</u>
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 REAL		-
0	the year by the following:	Sec.		
а	The governing body?	8a	×	e-treatment
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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.	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	1	
40-	Did the experimetion have lead charters, branches, or effiliates?	10a	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	IVa		×
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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	Course descendent
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	×	においていたと
15	Did the process for determining compensation of the following persons include a review and approval by			
2	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	×	
a b	Other officers or key employees of the organization	15b		-
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		102.0	
	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		No. A	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		and a	No.
-	organization's exempt status with respect to such arrangements?	16b		
-	ion 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.	.1 (26)	cuon	501(C)
	Own website X Another's website X 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 ir	iterest	polic	v. and
13	financial statements available to the public during the tax year.		2010	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecord	s 🕨	

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 State the name, address, and telephone number of the person who possesses the organization's books and records and reco

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director r director r director (do not check more than one box, unless person is both an officer and a director/trustee) or director r director (do not check more than one box, unless person is both an officer of the person is both an off		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position leck more than one s person is both an d a director/trustee)		Position (do not check mor box, unless persor officer and a direc		(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	1.70													
DIRECTOR		×					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.					

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Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ontinued	1)		
						C)								
	(A)	(B) Position (do not check more					(D)	(E)	(F) Estimated					
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation f				
		week (list any hours for							from the	related organization	s	other		
		related	divid	stitut	Officer	y en	ghes	Former	organization	(W-2/1099-MI		from	n the	
		organizations below dotted	ual tr ctor	iona		Key employee	t con		(W-2/1099-MISC)				ization elated	
		line)	Individual trustee or director	Institutional trustee		/ee	npen					organi	zations	6
			ö	stee			Highest compensated employee							
(15)						-	<u>a</u>							
(10)														
(16)				l.										
									-					
(17)														
(18)				-	-									
(10)														
(19)														
(20)			-											
(01)				-		-		-						
(21)		+	1											
(22)						-		-						
			1											
(23)														
(0.4)				-		_		-						
(24)			1											
(25)						1		1						
5			1											
1b	Sub-total					•			0.		0.			0.
c	Total from continuation sheets to Part			•		•	•••							
d	Total (add lines 1b and 1c)								0.	ore than \$10	0.	of		0.
2	reportable compensation from the organ			105	e iis	leu	0	e) w	no received in		0,000 (
	······································												Yes	No
3	Did the organization list any former of	fficer, direc	ctor,	or t	rust	ee,	key (em	ployee, or higl	nest comper	nsated	in the second		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ina	livid	ual	•			• •	3	No. Selectors	×
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	ian \$	150	,000	0? 1	lt "Ye	es,"	complete Sci	hedule J foi	r such	4		×
5	Did any person listed on line 1a receive of	or accrue c	ompe	ensa	atior	1 fro	m an	v ur	nrelated organi	zation or ind	 ividual			No.
	for services rendered to the organization											5	an konseksing pain	×
Section	on B. Independent Contractors	-			_									
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business ad	dress							(B) Description of	services	C	(C) ompens	sation	
				_		_								
		_												
								-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (2018)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . (C) Unrelated business (D) Revenue excluded from tax (A) Total revenue (B) Belated or exempt function revenue under sections 512–514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 1b 39,146. b Membership dues . . Fundraising events . 1c С d Related organizations . . . 1d Government grants (contributions) 1e е f All other contributions, gifts, grants, and similar amounts not included above 105,260. 1f Noncash contributions included in lines 1a-1f: S q Total. Add lines 1a-1f. 144,406. h . . . Program Service Revenue **Business Code** 900099 26,704. 26,704. 0. 0. PROGRAM FACILITY USE 2a 33,072. 900099 0. 0. SUMMER CAMP/EDUCATIONAL PROGRAMS 33,072. b С d е All other program service revenue . f 59,776. Total. Add lines 2a-2f . . g Investment income (including dividends, interest, 3 and other similar amounts) ▶ 0 3,124. 3,124. 0. 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6a Gross rents . . b Less: rental expenses Rental income or (loss) C d Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of 7a assets other than inventory 126. b Less: cost or other basis and sales expenses . 138. -12. Gain or (loss) . С -12. -12. 0. Net gain or (loss) 0. d . . Other Revenue 8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18 49,213. a **b** Less: direct expenses 6,974. b c Net income or (loss) from fundraising events 42,239. 0. 42,239 9a Gross income from gaming activities. See Part IV, line 19 а b Less: direct expenses b c Net income or (loss) from gaming activities . . Gross sales of inventory, less 10a returns and allowances . . . b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . . С Miscellaneous Revenue **Business Code** UNREALIZED GAINS ON INVESTMENTS 3,797. 11a 900099 3,797. 0. 0. b С d All other revenue . . . 3,797. Total. Add lines 11a-11d . e 253,330. 0. 42,239. 12 Total revenue. See instructions 66,685.

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503.

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19,664.

Form 990 (2018) 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 Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (C) Management and general expenses (A) Total expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . 170,291. 170,291. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 70,370. 35,185. 19,704 15,481. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits 5,397. 2,699. 10 Payroll taxes 1,511. 1,187. 11 Fees for services (non-employees): а Management b Legal • . . Accounting 2,490. 0. 2,490. С

175.

5,034.

9,228.

2,814.

3,166.

5,945.

2,710.

1,524.

4,569.

11,499.

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28,244.

Lobbying

Professional fundraising services. See Part IV. line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25, column

(A) amount, list line 11g expenses on Schedule O.) . .

. . . .

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings .

Payments to affiliates

Depreciation, depletion, and amortization .

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.) COMPUTER EQUIPMENT & EQUIPMENT EXPENSES

INSURANCE-WORKER'S COMPENSATION

Total functional expenses. Add lines 1 through 24e

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 ► □ following SOP 98-2 (ASC 958-720)

Insurance

DUES AND SUBSCRIPTIONS

LICENSES AND TAXES

All other expenses

.

.

Advertising and promotion

Royalties

Information technology . .

Occupancy

Travel

Office expenses

Interest

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Form 990 (2018)

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orm 990 (2				Page II
Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ X		
	Check in Schedule O contains a response of hote to any line in this r a	(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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 හු	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	
8 ¥	Inventories for sale or use		8	695.
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or	THE PART OF		
	other basis. Complete Part VI of Schedule D 10a 225, 107.	and the second second	- Maria an	and the second
b	Less: accumulated depreciation 10b 87, 680.	143,371.	10c	137,427.
11	Investments-publicly traded securities	61,154.	11	66,891.
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	459,515.	16	467,855.
17	Accounts payable and accrued expenses	949.	17	544.
18	Grants payable	80,033.	18	131,598.
19			19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
22 Liabilities	disqualified persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
25	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	80,982.	26	132,142.
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
LE 27	Unrestricted net assets	378,533.	27	335,713.
28 28	Temporarily restricted net assets		28	
P 29	Permanently restricted net assets		29	
Net Assets or Fund Balances E E E E E E E E E E E E E E E E E E E	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
2	complete lines 30 through 34.			
ຊີ 30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds .	270 522	32	225 712
	Total net assets or fund balances	378,533.		335,713. 467,855.
34	Total liabilities and net assets/fund balances	459,515.	34	407,800.

Form 990 (2018)

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Par	t 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)	1	253,330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	296,150.
3	Revenue less expenses. Subtract line 2 from line 1	3	-42,820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378,533.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	335,713.
Par	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		

		• •	• •	
			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		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
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 separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	12/223	S. Stores	1992 (R. 1
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	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	9 1		
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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2018)

SCH	EDULE A	Dul	lie Charity	Status and D	ublia	Suppo		OMB No. 1545-0047
(Form 990 or 990-FZ)			harity Status and Public Support				2018	
			a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					
Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. owww.irs.gov/Form990 for instructions and the latest information.				Open to Public	
-						Employer identification		
			AS NATIONAL FO	STUARINE RESEARCH	RESERVE	TNC	91-2081432	
Par				organizations must				ons.
	the second se			: (For lines 1 through				
1	•			n of churches describ				
2	A school des	scribed in section [.]	170(b)(1)(A)(ii). (#	Attach Schedule E (Fo	orm 990 o	r 990-EZ).)	
3		and second second second second second second second		anization described in				
4				njunction with a hosp	ital descri	ibed in se	ection 170(b)(1)(A)(iii). Enter the
-		ame, city, and state						tal unit described in
5		(b)(1)(A)(iv). (Comp		college or university of	ownea or	operated	d by a governmen	ital unit described in
6				nental unit described	in sectio	n 170(b)((1)(A)(v).	
7				antial part of its supp				m the general public
		section 170(b)(1)(
8		-		(1)(A)(vi). (Complete F				
9	An agricultu	ral research organiz	zation described	in section 170(b)(1)(culture (see instructio	A)(IX) ope ns) Enter	rated in (conjunction with a	land-grant college
	university:	or a non land grai	it bolloge of agin			the num		in the conege of
10	🛛 An organiza	tion that normally re	eceives: (1) more	than 331/3% of its su	pport from	m contrib	outions, membersh	ip fees, and gross
	receipts from	n activities related	income and unr	nctions-subject to ce elated business taxab	ertain exce le income	eptions, a e (less se	and (2) no more th ection 511 tax) fror	an 331/3% of its
	acquired by	the organization af	ter June 30, 197	5. See section 509(a))(2). (Con	nplete Pa	rt III.)	
11				ively to test for public				
12	An organizat	tion organized and	operated exclusi	vely for the benefit of	, to perfo	rm the fu	inctions of, or to c	arry out the purposes
				ns described in section cribes the type of sup				
а			•	, supervised, or contro				
a				regularly appoint or el				
				te Part IV, Sections				
b				ed or controlled in co				
				rganization vested in t		persons	that control or ma	nage the supported
	U		(B)	V, Sections A and C. ing organization oper		nnoation	with and functio	colly integrated with
C				ns). You must compl				nally integrated with,
d				•				oorted organization(s)
				nization generally mus				
	requiren	nent (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	nd D, an	nd Part V.	
е	Check the	his box if the organ	ization received	a written determinatio	on from th	e IRS that	at it is a Type I, Ty	pe II, Type III
				tionally integrated sup		organizati	ion.	
i ç		ber of supported o		orted organization(s).	* • •			· · · [
	(i) Name of suppor		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of moneta	y (vi) Amount of
		5		(described on lines 1-10 above (see instructions))	listed in you docur	r governing	support (see instructions)	other support (see instructions)
				above (see instructions))			instructions	instructions)
					Yes	No		
(A)								
(P)								
(B)								
(C)								
(D)								-

5.4

(E) Total Schedule A (Form 990 or 990-EZ) 2018 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) > (b) 2015 grants, contributions, 1 Gifts. and membership fees received. (Do not include any "unusual grants.") . . . levied Tax revenues for the 2 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 Total. Add lines 1 through 3. . . 4 The portion of total contributions by 5 person each (other than а unit governmental publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) Total support. Add lines 7 through 10 11 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) % 14 14 15 % Public support percentage from 2017 Schedule A. Part II, line 14 15 16a 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check b 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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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.)

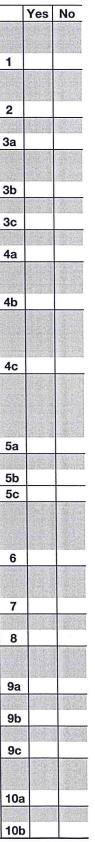
Secti	on A. Public Support			in, piedee ee		/	
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")	108,282.	46,454.	107,928.	129,315.	144,406.	536,385.
2	Gross receipts from admissions, merchandise	10072021	10/1011	10175201	10070101		
	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 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	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.
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.
С	Add lines 7a and 7b	22,947.	0.	138.	66,307.	62,551.	151,943.
8	Public support. (Subtract line 7c from						
~	line 6.)					Constraint a start	737,531.
	ion B. Total Support	(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014 144,055.	(b) 2015 92,410.	(c) 2016 174,039.	(d) 2017 274,788.	204,182.	889,474.
9	Amounts from line 6	144,055.	92,410.	174,039.	2/4,700.	204,102.	009,474.
10a	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						
С	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.)	16,932.	39,496.	35,613.	52,006.	49,213.	193,260.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						1,092,137.
14	First five years. If the Form 990 is for the organization, check this box and stop he						· · · ► □
Sect	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 %
16	Public support percentage from 2017 Sc	hedule A, Part	III, line 15 .			16	71.66 %
Sect	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						
	17 is not more than 331/3%, check this box						
b	line 18 is not more than 331/3%, check this	box and stop I	here. The organ	nization qualifie	s as a publicly	supported orga	nization 🕨 🗌
20	Private foundation. If the organization of			4, 19a, or 19b,			
		RE	V 10/24/18 PRO		50	hedule A (Form 9	90 or 990-EZ) 2018

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 Organizations

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



Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - **b** A family member of a person described in (a) above?
 - c 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.

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **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.
- 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.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

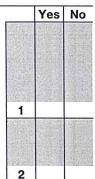
Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?
- 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).
- 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 supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

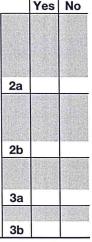
- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- 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 that these activities constituted substantially all of its activities.
- 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- a 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.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
11a		
11b		
11c		



	Yes	No
1	(The Control of Sec.	In Association

	Yes	No
1		
		6 62
2		1
	-	
3		



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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	Fage
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (exp	
instructions. All other Type III non-functionally integrated supporting organ	izat	ons must complete Sec	
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	2.221	
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):	Sale of		
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		
	1 -	Conception of the second law of the second law of the second second second second second second second second s	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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	e A (Form 990 or 990-EZ) 2018			Page I
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish e		-	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
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 whic (provide details in Part VI). 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	on 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	补给的执行。 这个学习的事		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015	The second second second		
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		A CONTRACT OF
 h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	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			化工作 经济的现金
b	Applied to 2018 distributable amount			Г –
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 Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain ir Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014		Care State Brownia Providence	
b	Excess from 2015		 Sector and the sector and the sector 	
С	Excess from 2016		1. T. P. 1.	
d	Excess from 2017			· 公司公共的任何不管的。
е	Excess from 2018			Las Marine Stationer

Schedule A (Form 990 or 990-EZ) 2018

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Part VI

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
2014: 0. 2015: 0. 2016: 0. 2017: 0. 2018: 0. Description: BRICK CAMPAIGN 2014:
450. 2015: 0. 2016: 733. 2017: 510. 2018: 0. Description: PHOTOGRAPHY WORKSHOPS
2014: 0. 2015: 0. 2016: 0. 2017: 0. 2018: 0. Description: ARTS & CRAFTS WORKSHOPS
2014: 0. 2015: 0. 2016: 0. 2017: 0. 2018: 0. Description: ANNUAL FUN RUN 2014:
0. 2015: 0. 2016: 0. 2017: 0. 2018: 0. Description: OCEANWISE 2014: 15026. 2015:
39496. 2016: 32391. 2017: 48213. 2018: 46184. Description: NATIONAL ESTUARY DAY
2014: 562. 2015: 0. 2016: 662. 2017: 0. 2018: 0. Description: GARAGE SALE 2014:
254. 2015: 0. 2016: 171. 2017: 0. 2018: 0. Description: CALENDAR SALES 2014:
640. 2015: 0. 2016: 0. 2017: 0. 2018: 0. Description: ESTU-SCARY HAUNTED TRAILS
2014: 0. 2015: 0. 2016: 1656. 2017: 3283. 2018: 3029.
·
REV 10/24/18 PRO Schedule A (Form 990 or 990-EZ) 2018

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,

Sch	edu	le	В
(Form	990,	990	-EZ,

č.

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990,	Form 990-EZ,	or Form 990-PF.	
Go to www.irs.gov/Fo	rm990 for the	latest information	1

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FRIENDS	OF	GUANA	TOLOMATO	MATANZAS	NATIONAL	ESTUARINE	RESEARCH	RESERVE,	INC.	91-2081432	
Organizati	on t	type (ch	eck one):								

Filers of:	Section:
Form 990 or 990-EZ	∑ 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.

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).

Schedule B	(Form 990, 990-EZ, or 990-PF) (2018)		Page 2
		_	ployer identification number -2081432
Part I	OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEA Contributors (see instructions). Use duplicate copies of F		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		: \$15,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,094.</u> (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$32,847.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u> </u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
	REV 11/12/18 PRO	Schedule B	(Form 990, 990-EZ, or 990-PF) (2018

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

Page 3

Employer identification number

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Parti	Noncash Property (see instructions). Ose duplicate copies	or r art in in additional opa	
(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
		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2018)			Page 4						
Name of or	rganization			Employer identification number						
	OF GUANA TOLOMATO MATANZAS NATIO									
Part III		the year from any tions completing Pa ne year. (Enter this in	one contributor. (rt III, enter the total formation once. Se	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,						
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held						
-	(e) Transfer of gift									
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship 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, a		fer of gift Relatior	nship 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, a		fer of gift Relation	nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
			sfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee						

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SCHE	DULE D	Supplement	al Financial Statements		OMB No. 1545-0047
(Form	990)		ganization answered "Yes" on Form 990		2018
		Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12		Open to Public
	ent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest inform	nation.	Inspection
	f the organization			Employer identificat	ion number
FRIE	NDS OF GUANA	TOLOMATO MATANZAS NATIONAL EST	TUARINE RESEARCH RESERVE, INC.	91-2081432	
Pari			ised Funds or Other Similar Fun		5.
	Compl	ete if the organization answered	Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds a	nd other accounts
1		at end of year			
2	00 0	ue of contributions to (during year) ue of grants from (during year)			
3 4		ue at end of year			
5			advisors in writing that the assets h	ield in donor advi	sed
			e organization's exclusive legal contro		
6			and donor advisors in writing that gra		
			fit of the donor or donor advisor, or f	or any other purp	ose
					· 🗌 Yes 🗌 No
Part	colory - solve the	rvation Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1	the second se	conservation easements held by the	organization (check all that apply).	f a historically imr	portant land area
		of natural habitat		of a certified histor	
		on of open space			
2			eld a qualified conservation contributi	on in the form of a	conservation
		the last day of the tax year.	•	provide the second s	at the End of the Tax Year
а	Total number	of conservation easements		2a	
b	Total acreage	restricted by conservation easemen	ts	2b	
С			historic structure included in (a)		
d			(c) acquired after 7/25/06, and not	~ ~	
2		ure listed in the National Register	sferred, released, extinguished, or ter	· · 2d	appization during the
3	tax year ►	riservation easements modified, tran	siened, released, extinguished, or ter	minated by the of	ganization during the
4		ates where property subject to conse	rvation easement is located ►		
5			garding the periodic monitoring, in	spection, handlin	g of
	violations, and	d enforcement of the conservation ea	asements it holds?		· 🗌 Yes 🗌 No
6	Staff and volum	teer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	ng conservation eas	sements during the year
	▶				
7		penses incurred in monitoring, inspection	ng, handling of violations, and enforcing	conservation ease	ements during the year
0	►\$		2(d) above esticity the requirements of	f contion 170/b)/d)	
8			e 2(d) above satisfy the requirements o		
9			conservation easements in its revenu		
5			of the footnote to the organization's fi		
		s accounting for conservation easem			
Part	Organ	izations Maintaining Collectior	is of Art, Historical Treasures, o	r Other Similar	Assets.
			"Yes" on Form 990, Part IV, line 8		_
1 a			AS 116 (ASC 958), not to report in it		
			r assets held for public exhibition, e footnote to its financial statements the		
	•	S			
b			SFAS 116 (ASC 958), to report in its r assets held for public exhibition, e		
		e, provide the following amounts rela			
	(i) Revenue i	ncluded on Form 990. Part VIII. line			\$
	(ii) Assets inc	luded in Form 990, Part X		. 🕨 🤅	\$
2	If the organiz	zation received or held works of ar	t, historical treasures, or other simila	ar assets for final	ncial gain, provide the
	-		SFAS 116 (ASC 958) relating to these		
а					\$
b			· · · · · · · · · · · · · · · · · · ·		\$
For Pa	perwork Reduc	ction Act Notice, see the Instructions for	or Form 990.	:	Schedule D (Form 990) 2018

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Part	Organizations Maintainin	a Colle	ctions of	Art. Hist	orical T	reasures. c	or Oth	er Similar Ass	ets (continue
3	Using the organization's acquisition								
	collection items (check all that apply		,			,		5	
а	Public exhibition			d [loan	or exchange	progra	ms	
b	Scholarly research								
c	 Preservation for future generation 	ne		U L					
4	Provide a description of the organiz		ollections :	and expla	n how th	ev further th	e <mark>orga</mark>	nization's exem	ot purpose in
	XIII.			and onpid	in now a		lo orgo		
5	During the year, did the organization assets to be sold to raise funds rath	on solicit	or receive	donations	of art, l	nistorical trea	asures,	or other similar	
Parl						organization			
Fan	Complete if the organization			" on Forr	n 990 F	ert IV line (orr	enorted an amo	ount on Form
	990, Part X, line 21.	511 4115 1	sieu ies		11 550, 1	artiv, inc.	J, 01 1	oported an and	Sunt On Form
19	Is the organization an agent, truste		dian or oth	er interm	ediany fo	r contributio	ns or	other assets not	•
Ia	included on Form 990, Part X?								Yes
h							• •		
b	If "Yes," explain the arrangement in	Part All	and comple	ete the for	lowing ta	ibie.		Arr	nount
	Designing belongs						1.		iount
C L	Beginning balance						1c 1d		-1-1-1
d	Additions during the year								
e	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amo								
	If "Yes," explain the arrangement in	Part XIII.	Check her	e if the ex	planation	n has been p	rovide	d on Part XIII .	· · · L
Par	tV Endowment Funds.								
	Complete if the organization								
			urrent year	(b) Pric	r year	(c) Two years	back	(d) Three years back	(e) Four years b
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships	and the second sec							
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	of the cur	rent year er	nd balanc	e (line 1g	, column (a))	held a	s:	
а	Board designated or quasi-endown	nent 🕨		%					
b	Permanent endowment >	%							
с	Temporarily restricted endowment		%						
	The percentages on lines 2a, 2b, ar		uld equal 1	00%.					
3a	Are there endowment funds not in				zation tha	at are held a	nd adr	ninistered for the	e
	organization by:	Con the							Yes
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the related								3b
4	Describe in Part XIII the intended us							1989. UKA 67 A A	
Contraction of the	VI Land, Buildings, and Equ								
	Complete if the organizati			s" on For	m 990. I	Part IV. line	11a. S	See Form 990.	Part X. line 1
	Description of property		(a) Cost or o			or other basis		ccumulated	(d) Book value
			(investr			other)		preciation	(-,
10	Land			0.					
		· ·		0.					
b	Buildings	·· ŀ			2	07,000.		74,350.	132,6
C.	Leasehold improvements	·· ŀ				18,107.		13,330.	4,7
						TO'TO''		10,000.	4,/
d e	Other	· · F							

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Part VII	Investments—Other Securities. Complete if the organization answere	d "Ves" on Forr	n 990 Part IV lin	a 11b See Form 00	0 Part X line 12
-	(a) Description of security or category (including name of security)		(b) Book value	(c) Method	of valuation: rear market value
411 0.02	derivatives				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments-Program Related.				
	Complete if the organization answere	d "Yes" on Forr	n 990, Part IV, lin	e 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment		(b) Book value		of valuation: /ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			the state and address		
(8)					
(9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
FaitiA	Complete if the organization answere	d "Yes" on For	n 990 Part IV lin	a 11d See Form 90	0 Part X line 15
	(a) Desc		11000, 1 arc 10, 111		(b) Book value
(1)		•			
(2)			KCHINES" SKET ST		
(3)			_		
(4)					
(5)					the second s
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B,) line 15.)			_
Part X	Other Liabilities. Complete if the organization answere	d "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See F	orm 990, Part X,
4	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)					
(3)					
(5)		al 1917 (1917) - 21 - 21 - 21 - 21 - 21 - 21 - 21 - 2			
(6)			The search was		and the second

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

(7) (8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

	e D (Form 990) 2018	D
Parl		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4
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:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.)	20
e	Add lines 2a through 2d	2e 3
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a b	Other (Describe in Part XIII.)	
c 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		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	i notarni
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:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
ď	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	Sec. As
b	Other (Describe in Part XIII.)	1.0
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	

Schedule D (Fo	Supplemental Information (continued)	
	Supplemental mormation (continued)	
	·	

	DULE G					aising or Gam		OMB No. 1545-004		
	1 990 or 990-EZ)	Complete if	organization enter	red more than	\$15,000 on I	, Part IV, line 17, 18, Form 990-EZ, line 6a.	or 19, or if the	2018		
	ment of the Treasury Revenue Service	Þ		tach to Form Form990 for in		990-EZ. nd the latest informa	tion.	Open to Public Inspection		
	of the organization						Employer identifi			
FRIE							NC. 91-2081432 Form 990, Part IV,			
Par		D-EZ filers are r				relea res on	-0111 990, Fait IV,	line 17.		
1		-	on raised funds t				heck all that apply.			
a	Mail solicita			e _		on of non-govern	-			
b		Internet and email solicitationsfSolicitation of government grantsPhone solicitationsgSpecial fundraising events								
d	In-person s			9 🗆		unulaising event	2			
2a	11H - 10		tten or oral agree	ement with	any individ	ual (including off	icers, directors, trus	tees,		
							fundraising services			
b		e 10 highest paic at least \$5,000 by			Iraisers) pu	irsuant to agreen	nents under which th	he fundraiser is t		
	compensated	at least \$5,000 by	y the organization							
	(i) Name and addres or entity (fund		(ii) Activity		draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid (or retained by organization		
				Yes	No					
1										
2										
3										
4										
5										
6							<u></u>			
7										
8										
9										
10										
Total					•					
3		n which the ora:	anization is regis	tered or lic	ensed to s	solicit contribution	ns or has been noti	fied it is exempt		
	registration or		J					•		
				, 						

Schedule G (Form 990 or 990-EZ) 2018

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Pa	art II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
			(a) Event #1 OCEANWISE (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	46,184.			46,184.
u.	2 3	Less: Contributions Gross income (line 1 minus line 2)	46,184.			46,184.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,141.			3,141.
	7	Food and beverages	1,244.			1,244.
	8	Entertainment				
	9	Other direct expenses .	2,380.			2,380.
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th	act line 10 from line 3, c	olumn (d)	🕨	6,765. 39,419.
1-6		\$15,000 on Form 990-E				
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2	Cash prizes				
xpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .			N	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	│	
	7	Direct expense summary. A	dd lines 2 through 5 in c	column (d)		
	8	Net gaming income summa	ry. Subtract line 7 from	line 1, column (d) .		
(a Is b If	nter the state(s) in which the o the organization licensed to c "No," explain: / /ere any of the organization's g	conduct gaming activitie	s in each of these state		∐Yes ∐No
1					nated during the tax yea	
E	BAA	·		REV 10/17/18 PRO	Schedu	ıle G (Form 990 or 990-EZ) 2018

Schedul	e G (Form 990 or 990-EZ) 2018 Page
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
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
b	revenue?
с	amount of gaming revenue retained by the third party ► \$ 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:
17	an construction of the second of the second s
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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 \$
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	See instructions.
	<u> </u>

REV 10/17/18 PRO

Schedule G (Form 990 or 990-EZ) 2018

(Form 990)		• °	Governments, a complete if the organization	S, and Individ	Ves" on Form 990,	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	o	2018
Department of the Treasury	3		Go to t	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	• Form 990. 30 for the latest info	ormation.		Open to Public Inspection
Name of the organization							Employ	Employer identification number
FRIENDS OF GUAN	IA TOLOMATC	MATANZAS	OF GUANA TOLOMATO MATANZAS NATIONAL ESTUA	UARINE RESEA	RINE RESEARCH RESERVE,	INC.	91-2	91-2081432
Part I General Ir	nformation o	General Information on Grants and Assistance	Assistance					
Does the organiz	zation maintain	records to subs	stantiate the amo	unt of the grants or	assistance, the g	rantees' eligibility f	sista	2 2 2
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitori	teria used to aw IV the organiza	vard the grants (tion's procedure	or assistance? es for monitoring	the selection criteria used to award the grants or assistance?	nds in the United	States.	• • • •	· · A Yes UNO
Part II Grants an	id Other Assi	istance to Do	Grants and Other Assistance to Domestic Organizati	ations and Don an \$5.000. Part	ons and Domestic Governments. Complete \$5.000. Part II can be duplicated if additional	ents. Complete i ted if additional s	if the organization ansv space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Dart IV line 21 for any recipient that received more than \$5.000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	organization	(b) EIN	(c) IRC section (if applicable)		(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GUANA TOLOMATO MATANZAS ESTUARINE RESERVE 505 GUANA RIVER ROAD PONTE VEDRA BEACH FL 32082	+ .	59-6001874		170,291.		FMV		RESERVE SUPPORT
Enter total numb	her of section 50	01(c)(3) and gov	ernment organize	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ine 1 table	· · · ·	•
3 Enter total number of other organizations listed in the line 1 table	or of other ord	anizations listed	in the line 1 table					•

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	mestic Individual space is needed	als. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(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
-						
5						
ო						
4						
ъ						
9						
7 Part IV	Sumlemental Information. Provide the information		equired in Part I, lin	e 2; Part III, columr	required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
Pt I Li	Line 2: FUNDS ARE PROVIDED TO S		ENHANCE ENVIRONMENTAL	MENTAL EDUCATION,	ON, STEWARDSHIP OF	NATURAL AND
CULTUR	CULTURAL RESOURCES, AND SCIENTIFIC 1	RESEARCH OF T	HE GUANA TOLOM	ATO MATANZAS N	THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE R	RESEARCH RESERVE.
THE OI	ORGANIZATION PROVIDES FUNDS BA	BASED ON DOCUME	DOCUMENTATION PROVIDED	ED BY THE RESERVE	RVE AND WORKS WITH	RESERVE STAFF
TO MONITOR	ITOR PROJECTS FOR WHICH FUNDS AND REIMBURSEMENTS	AND REIMBURS	HAVE	BEEN REQUESTED.		
BAA		REV 11/06/18 P	РКО			Schedule I (Form 990) (2018)

Page 2

Schedule I (Form 990) (2018)

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SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on 2018 Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization 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 PERFORMED 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 RESPONSIBLE FOR BRINGING ANY CONFLICTS NOT DISCLOSED TO THE ATTENTION OF THE BOARD Pt VI, Line 15a: THE BOARD REVIEWS THE EXECUTIVE COMPENSATION BASED ON INDUSTRY AND REGION COMPARATIVES, AND THEIR COLLECTIVE EXPERIENCE. Pt VI, Line 15b: THE BOARD REVIEWS THE COMPENSATION BASED ON INDUSTRY 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 - SEE ATTACHED Other: SECTION 1.263(a)-3(h) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS - 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

10

chedule O (Form 990 or 990-EZ) (2018) arne of the organization	Employer identification number
RIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	
Management and general: \$168	
Fundraising: \$0	
Description: MEMBERSHIP DEVELOPMENT	
Total: \$564	
Program services: \$564	
Management and general: \$0	
Fundraising: \$0	
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	

chedule O (Form 990 or 990-EZ) (2018)	
ame of the organization	Employer identification number
RIENDS 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 RIENDS 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	

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Additional Information

Name RIENDS 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	L XPAYERS
TAX YEAR: SEPTEMBER 30, 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 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.	

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5. C

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	-	22		
E a mon				
Form	-	-	-	-

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

OMB No. 1545-1709

0 1

Department of the Treasury Internal Revenue Service

(Rev. January 2019)

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

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
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	91-2081432
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	505 GUANA RIVER ROAD	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instruction	IS.
instructions.	PONTE VEDRA BEACH FL 32082	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of
ELLEN LEROY-REED

Telephone No. ► (904)823-4526

Fax No. (904) 825-6829

• If the organization does not have an office or place of business in the United States, check this box	-
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is	
for the whole group, check this box	
a list with the names and EINs of all members the extension is for.	

1 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

► 🕅 tax year beginning Oct 1 , 20 18 , and ending Sep 30 , 20 19 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ 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.	3b	\$ 0.
c	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.	3c	\$ 0.

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. BAA

REV 12/20/18 PRO Form 8868 (Rev. 1-2019)

Department of the Treasury

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Amen Din Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 52	, or 4947(a)(1) of the Internal Revenue	Code (except private foundations)
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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

		Co to www.irs.gov/Porm990 for instructions and the late			Inspection
A		2017 calendar year, or tax year beginning Oct 1 , 2017, and en		ep 30	, 20 18
B		applicable: C Name of organization FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEA	RCH RESERVE, INC.	D Employ	er identification number
	Address	0		91-2	081432
	Name ch		/suite	E Telepho	ne number
Ш	Initial retu	urn 505 GUANA RIVER ROAD		(904)823-4527
	Final retur	n/terminated City or town, state or province, country, and ZIP or foreign postal code			
×	Amendeo	freturn PONTE VEDRA BEACH, FL 32082		G Gross r	eceipts \$ 322,255.
	Application	on pending F Name and address of principal officer:	H(a) Is this a g	roup return for	subordinates? Yes X No
		STACI J. BITTING, 505 GUANA RIVER RD, PONTE VEDRA BEACH, FL 3			
1	Tax-exen	npt status: 🔀 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 527			a list. (see instructions)
J	Website:	http://dlinebiliteond	H(c) Group	exemption	number 🕨
Concession of the local division of the loca		rganization: X Corporation Trust Association Other ► L Year of form	nation: 200	0 M State	of legal domicile: FL
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE	FRIENDS ORGAN	VIZATION	WILL PROVIDE SUPPORT
Ce		TO ASSIST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUA	RINE RESE	ARCH R	ESERVE
nar		IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCAT	ION AND R	ESOURC	E MANAGEMENT
Activities & Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or dispose	d of more than	25% of	its net assets.
ဗိ	3	Number of voting members of the governing body (Part VI, line 1a)	· · · 940 ·	3	13
త	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	13
itie	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	3
;tivi	6	Total number of volunteers (estimate if necessary)		6	200
¥	7a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12	• • • • • •	7a	0.
	bl	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			Prior Ye	ar	Current Year
e	8 (Contributions and grants (Part VIII, line 1h)	107	,928.	129,315.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		,111.	145,473.
ev.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		,362.	1,477.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,577.	39,862.
_		Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,978.	316,127.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1–3) .		,305.	178,699.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		/	2.0,000
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66	,442.	78,329.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			
ďx	b 7	Total fundraising expenses (Part IX, column (D), line 25) ► 19, 670.	ETER ST.	-17 19	
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30	, 399.	39,060.
	18 7	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,146.	296,088.
_	19 F	Revenue less expenses. Subtract line 18 from line 12		,832.	20,039.
Net Assets or Fund Balances			Beginning of Cur		End of Year
sets		otal assets (Part X, line 16)	430	,607.	459,515.
et As		otal liabilities (Part X, line 26)		,113.	80,982.
		let assets or fund balances. Subtract line 21 from line 20		,494.	378,533.
-	rt II	Signature Block			
Unc	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to th	e best of m	y knowledge and belief, it is
true	, correct, a	and complete. Declaration ovpreparer (other than officer) is based on all information of which prepar	er has any knowle	dge.	
0'-		Kts K grang	10)/25/2	019
Sig		Signature of officer	Date	9	
Her	e	CHARLES SNAVELY, TREASURER - 2019			
-		Type or print name and title			
Pai	d	Print/Type preparer's name Preparer's signature	Date	Check	T if PTIN
	parer		10/24/2019		oyed P01041981
	e Only	Firm's name ► DAVIS & DAVIS-CERTIFIED PUBLIC ACCTS, P.A	. Firm'		9-3720010
		Firm's address ► 17 PACIFIC STREET, SUITE A, SAINT AUGUSTINE, F			4)819-1799
		discuss this return with the preparer shown above? (see instructions)			
For	Paperwo	rk Reduction Act Notice, see the separate instructions. BAA	EV 03/08/19 PRO		Form 990 (2017)

Amenned

Form	990 (2017)	-
No.	rt III Statement of Program Service Accomplishments	² age 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE FRIENDS ORGANIZATION WILL PROVIDE SUPPORT	
	TO ASSIST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE	
	IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCATION AND RESOURCE MANAGEMENT	
2	and any organization and any significant program services during the year which were not listed on the	
	I Yes A	No
3	If "Yes," describe these new services on Schedule O.	
5	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	No
4		
-	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	d by hers,
4a	(Code:) (Expenses \$ 248.819 including grants of \$ 178.699) (Payopup \$ 140.776)	
ru	(Code:) (Expenses \$ 248,819. including grants of \$ 178,699.) (Revenue \$ 140,776.) SUPPORT THE GOALS AND OBJECTIVES, PROGRAMS AND	
	ACTIVITIES OF THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARIANE	
	RESEARCH RESERVE.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	

4c	(Code:) (Expenses \$ including grants of \$) (Bevenue \$)	
10	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 248,819.	-
	REV 03/08/49 PPO	

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Form 990 (2017) Part IV Checklist of Required Schedules

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r ai	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
		1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	candidates for public office? If "Yes," complete Schedule C, Part I . 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 .	3		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		×
	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? <i>If "Yes," complete Schedule D, Part IV</i> .	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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	complete Schedule D, Part VI	11a	×	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
ď	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		×
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	12a 12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a b	and a generative of the office	14a		X
	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	140		×
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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part III</i>	19		×

Form 990 (2017)

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1 * Form 990 (2017)

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Par	t IV Checklist of Required Schedules (continued)			
20 -	Did the errorization and the internet of the internet of the second se		Yes	No
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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			
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		×	
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.	22		×
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 c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d 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, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
c	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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u>×</u>
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	32		×
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	33		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		×
ь 36	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		
	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? <i>If "Yes," complete Schedule R, Part VI</i> .	27		
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.	37 38	×	×

Form 990 (2017)

Page 4

Earn Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any plice in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable Image: Check If Schedule O contains a response or note to any policable Image: Check If Schedule O contains a response or note to any policable Image: Check If Schedule O contains a response or note to any policable Image: Check If Schedule O contains a response or note to any on the contains to vendors and reportable gaming (gambling) within ostign within the year covered by this return Image: Check If Schedule O contains a response of Schedule O contains a response of Schedule O contains a response of Schedule O contains and the regardization have an inferent PM or to line Schedule O contains a longing country: Policy If PM or line Schedule C contains a longing country: Policy If PM or line Schedule C contains a response of Schedule C contains a response of Schedule C contains a response contains a longing country: Policy If PM or line Schedule C contains a response contains a longing country: Policy If PM or line Schedule C contains a response contains a longing country: Policy If PM or line Schedule C contributions response reported to the regardization have unclassing the response contains a longing country: Policy If PM or line Schedule C contributions response reported to the approximation response and line Schedule C contributions response reported to the approximation response and line Schedule C contributions response reported to the pay or line Schedule C contributions response reported to the pay or line Schedule C contributions response reporteconthy the response reported to t	-	990 (2017)			Page 5
1a Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1a 3 1b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1b 0 1c 1b 1c 3 1c 1c 1c 3 2c Enter the number of romply with backing uses for apposible payments to Vendors and reportable gaming (gambling) winnings to prize winners? 1c x 2c Enter the number of noployees reported on Form W-3, frammittal of Wage and Tax 2a 3 2c Enter the number of non line 2a, did the organization fave and larequired faderal amplayment tax returns? 3a x 3c Did the organization nave unrelated bachenges gross income of \$1,000 or more during the yea? 3a x 3c At any time during the calendar year, did the organization in tax wa an interest in, or a signature or other financial accounts (gambling) winning sto prize and the accounts scoutibles accounts or other financial accounts (gambling accounts) scoutibles accounts (gambling accounts) accounts account is account or other financial account in a foreign country. * Sa x 3c Vas the organization nave annual gross receipts that and entry time during the tax year? 5a x 3c Vas the organization nave annual gross recelept that a normally greater than \$100,000, and did t	Par				
10 Enter the number reported in Box 3 of Form 1996. Enter -0- If not applicable		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter -0- If not applicable 1b 0 c Did the organization comply with backing unles for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c x 28 Enter the number of emplyones reported on Form W-3. Transmittal of Wage and Tax 2a 3 b If at least one is reported on line 2a, did the organization file all required fadral emplyorment tax returns? 2b x A Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a x 3 Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a x 4 A ray time during the calendar year, did the organization have an interest in, or a signature or other financial account is a foreign country: P 3a x 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a x 5 Did and travable party noilly the organization file form 886-17? 5a x 5b x 5 Did and travable party noilly the organization file form 8886-17? 5a x 5b x 6 Does the organization neodule with vever soclication an expreses statement that such contr				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payming (ambling) winnings to prize winners? Image: complex statements (like of the calendar year endorm with a vendor were by this return). Image: complex statements (like of the calendar year endorm is and 2 as ignore than 250, you may be required fedral employment tax returns? Image: complex statements (like of the sum of thes 1 and 2 as ignore than 250, you may be required to enfor (see instructions) Image: complex statements (like of the sum of thes 1 and 2 as ignore the organization in schedule 0) Image: complex statements (like of the sum of thes 1 and 2 as ignore the organization in a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account) Image: complex statements (like organization the as a bark account, securities account) Image: complex statements (like organization tax statement the statement account in a foreign country (such as a bark account, securities account) Image: complex statement tax actions? Image: complex statement tax stat		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	3	314	- m
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a × 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a × 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b × 5c If 'Yes,' to line 5a or 5b, did the organization that were not tax deductible as charitable contributions? 5c 5c 5c Organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 6b 7c 7 Organization start may receive deductible contributions under section 170(c). a) 0b 1f 'Yes,'' did the organization notify the donor of the value of the goods or services provided? 7a × 7 b C) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7c × 7 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f × 7 bid the organization receive a suffixed, and services fundicet the number of Forms 8282 filed during the year? 7d × 7 bid the organization receive a outfibution of qualified intellecual property, did the organization files a comtrol to real wo	b		4 a		<u>×</u>
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 a Is the organization licensed to issue qualified health plans in more than one state? 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 d 13b 13c 14a 			22	-	4.34
 Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Inter the amount of			10	1	1 Cay
 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 			13a		
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b	Enter the amount of reserves the organization is required to maintain by the states in which		853	1
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		the organization is licensed to issue qualified health plans	15331		1
14a Did the organization receive any payments for indoor tanning services during the tax year?		Enter the emount of receives as hand	100	Top a	=7
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			142	27	×
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-

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Form 990 (2017) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section 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 . . 1a 13 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 committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent h 1b 13 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? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 х 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 X Did the organization have members or stockholders? 6 6 х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, b 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: а 8a X Each committee with authority to act on behalf of the governing body? b 8b 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. 9 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b × С Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × 13 Did the organization have a written whistleblower policy? 13 × Did the organization have a written document retention and destruction policy? 14 14 Х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	NCT I		135
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		1.3
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	3/4 14	32.11	18
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	E SIL		
	organization's exempt status with respect to such arrangements?	16b		

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website I 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 interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ELLEN LEROY-REED, 505 GUANA RIVER ROAD, PONTE VEDRA, BEACH, FL 32082 (904)823-4526

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related	do not c box, unle urs per officer ar			(C) Position check more than one ess person is both ar nd a director/trustee			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	37	(W-2/1099-MISC)		organization and related organizations
(1) DEBBI MAGRI DIRECTOR	2.00	×		×						
(2) STACI JANEL BITTING PRESIDENT	3.00	×		×						
(3) KAREN FORD MEMBER	2.00	×		×						
(4) AMANDA RYAN TREASURER	4.00	×								
(5) JULIE EDWARDS SECRETARY	3.00	×								
(6) MARGARET CABRAL-MALY DIRECTOR	2.00	×								
(7) ERIC SMITH DIRECTOR	2.00	×								
(8) MARK RYAN VICE PRESIDENT	3.00	×								
(9) COURTNEY HACKNEY DIRECTOR	2.00	×								
(10) LAURA HINDS DIRECTOR	2.00	×								
(11) CHARLES SNAVELY DIRECTOR	2.00	×								
(12) AMANDA MORROW DIRECTOR	2.00	×								
(13) DREW FRICK DIRECTOR	2.00	×								
(14)										
		DEVIO	000/4	0.00	~					E 000 (00)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, ai	nd H	lighe	st C	ompensated E	mployees (conti	inued)		rage G
(A) Name and title		(B) Average hours per week (list any	(do n box, u office	ot ch unles	Pos neck s pe d a d	C) ition more rson	e than o is both or/trus	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	E	(F) stimated mount o 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-MISC)	on	npensati rom the ganizatio nd relate anizatio	on d
(15)							<u>u</u>						
(16)													
(17)				-						1			
(18)				_									
(19)				_	_	_							
(20)			_	_		_							
(21)				-	_	_							
(22)				_		_							
(23)				_	_	_							
(24)				_		_							
(25)													
1b c d	Sub-total			× • × •		•	.						
2	Total number of individuals (including but reportable compensation from the organiz	not limited			_) wh	no received mo	re than \$100,00	0 of		
3	Did the organization list any former off	icer, directo	or, or	tru	Iste	0 e, k	ey e	mpl	oyee, or highe	est compensate	d 🔲	Yes	No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the							1 an	· · · · ·	· · · · · ·	3	1500	×
	organization and related organizations gindividual	greater that	n \$15	50,0	00?	P If	"Yes	," c	complete Sche	edule J for suc	h		
5	Did any person listed on line 1a receive or	accrue cor	npen	satio	on f	rom	any	unr			al 4		×
Sectio	for services rendered to the organization?	II TES, CL	mpie	le S	SCRE	aui	e J IC	or su	icn person .		5		×
1	Complete this table for your five highest c compensation from the organization. Repo year.	ompensate ort compen	d inde satior	eper 1 for	nde r the	nt c e ca	ontra lenda	icto Ir ye	rs that received ear ending with	d more than \$10 or within the or	0,000 d ganizat	f on's ta	ax
	(A) Name and business addre	ess							(B) Description of ser	rvices	(C) Compen		
								_					
2	Total number of independent contractor received more than \$100,000 of compensa	s (including tion from th	g but le orga	not	t lir atio	nite on >	d to	tho	ose listed abov	/e) who	and the	14.2	ALC: NO

Form 990 (2017)

Part VIII Statement of Revenue

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àre.	- TEN	Check if Schedule O contains	a response of note t				(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nounts	1a	Federated campaigns	1a	2-11, 24 S. 75 S.	Toronac		012 014
uno	b	Membership dues	1b 33,510.	low Muster		Sanger and the	
Ā	c	Fundraising events	1c				
ilar An	d	Related organizations	1d			S. S	
Sim.	e	Government grants (contributions)	1e	Content and		and the second	
er	f	All other contributions, gifts, grants,				A-3-21 -3	
and Other Sim		and similar amounts not included above Noncash contributions included in lines 1a-	If 95,805.			a sector a sector a	
and Other Similar Amounts	9 h	Total. Add lines 1a-1f		100 215		2.2.2.2.2	
	- "	Total. Add lines fa-fr	Business Code	129,315.			
lenu	2a	PROGRAM FACILITY USE	900099	81,166.	81,166.	0.	0.
Program Service Revenue	b	SUMMER CAMP/EDUCATIONAL PROGR		64,307.	64,307.	0.	0.
lice	c				0170071		0.
	d						
	е						
ĥ	f	All other program service revenue					
Ξ	g	Total. Add lines 2a-2f		145,473.	an the server	Parcis (The St	
	3	Investment income (including					
		and other similar amounts)		1,485.	1,485.	0.	0.
	4	Income from investment of tax-exer					
	5	Royalties	(ii) Personal	State and the state	The second s	The second s	and the second second second second
	6a	Gross rents	(ii) r croonal		AUG STORE		
	b	Less: rental expenses			出现26年1月7		
	c	Rental income or (loss)					
	d	Net we what is a sure of a sure of the sur				The second s	
	7a	Gross amount from sales of (i) Securitie		AN INTERNET		The Second Party	R. C. S. State States
		assets other than inventory	50.	13-3 装饰的 推		1. 24. 10	
	b	Less: cost or other basis			Market With		
			58.			ZER ENGLY	
	C		-8.			1.2 State 10.0	21515393
	d	Net gain or (loss)		-8.	-8.	0.	0.
2	8a	Gross income from fundraising		2.56 建治疗学			
5	oa				The Benny Hills		
		events (not including \$0.	-	Para Calification	14 P+ 6/ 6.		
		See Part IV, line 18				N. C. State	
	b	Less: direct expenses	- 527000.				
'	c	Net income or (loss) from fundrais	1	46,036.		0.	46,036.
	9a	Gross income from gaming activiti See Part IV, line 19	es.	10,0001			40,050.
	b	Less: direct expenses				AND AND AND AND	
	С	Net income or (loss) from gaming	activities >			a reaction of the second se	
	10a	Gross sales of inventory, le returns and allowances	a				
	b	Less: cost of goods sold				Sand Sand	
-	C	Net income or (loss) from sales of					
	4.4	Miscellaneous Revenue	Business Code	up Western States		用 自己的	- 1 A
	11a	UNREALIZED LOSS ON INVESTMEN	TS 900099	-6,174.	-6,174.	0.	0.
	b						
	c d	All other revenue					
	e	Total. Add lines 11a–11d		-6,174.			
	12	Total revenue. See instructions.		316,127.	140,776.	0	16 036
		. etal retende. dee instructions.		JIU, 12/.	14U,//0.	0.	46,036.

Form 990 (2017)

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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).

Do n	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
•	and domestic governments. See Part IV, line 21	178,699.	178,699.	Contraction of the second	
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				inter de la ser e
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,750.	36,375.	20,025.	16,350
9	Other employee benefits				
10	Payroll taxes	5,579.	2,790.	1,536.	1,253
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	2,695.	0.	2,695.	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	05			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	150.	0.	150.	0
12	Advertising and promotion	4,312.	3,881.	0.	101
13	Office expenses	1,088.	544.	272.	431
14	Information technology	7,261.	7,261.	0.	272
15	Royalties			0.	0
16	Occupancy				
17	Travel	2,175.	2,175.	0.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				0
19	Conferences, conventions, and meetings	1,524.	1,143.	381.	0
20	Interest				0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,945.	5,945.	0.	0
3	Insurance	2,594.	2,594.	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	CONTINUING EDUCATION	262.	0.	262.	0
b	DUES AND SUBSCRIPTIONS	2,835.	2,552.	0.	283
С	INSURANCE-WORKER'S COMPENSATION	578.	0.	578.	283
d	LICENSES AND TAXES	188.	0.	188.	0
е	All other expenses	7,453.	4,860.	1,512.	1,081
25	Total functional expenses. Add lines 1 through 24e	296,088.	248,819.	27,599.	19,670
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)	,		211000.	19,070

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Part X		1 V		
	Check if Schedule O contains a response or note to any line in this Pa		<u></u> ,	
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	98,501.	1	156,07
2	Savings and temporary cash investments	101,188.	2	77,64
3	Pledges and grants receivable, net	15,047.	3	21,27
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		S 181	
	trustees, key employees, and highest compensated employees.		in Street	
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section	and the second second	ेजा के	の日本市になる
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		Marshield B	
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or		SP2N	
	other basis. Complete Part VI of Schedule D 10a 225, 355.			
b	Less: accumulated depreciation 10b 81,984.	149,316.	10c	143,37
11	Investments-publicly traded securities	66,555.	11	61,15
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	430,607.	16	459,51
17	Accounts payable and accrued expenses	200.	17	94
18	Grants payable	71,913.	18	80,03
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,	SALE VANDER		L CARLARY L
	trustees, key employees, highest compensated employees, and	What have the first of	233	
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	72,113.	26	80,98
	Organizations that follow SFAS 117 (ASC 958), check here ► 🔀 and	1 / S. L. P		-1
	complete lines 27 through 29, and lines 33 and 34.		4	
27	Unrestricted net assets	358,494.	27	378,53
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here and and	12 State Internet	TEST 2	Starf Miles U.S.
	complete lines 30 through 34.	STAR BAR 14	124	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	358,494.	33	378,53
	Total liabilities and net assets/fund balances	430,607.	34	459,51

Form 9	990 (2017)			Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		×		
1	Iotal revenue (must equal Part VIII, column (A), line 12)	1		16,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		96,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		20,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	58,4	_
5	Net unrealized gains (losses) on investments	5			211
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	78,5	33.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other		1 Gent	1	-ML
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	16.1	1999	212
	Schedule O.		1233	E.C.	-ST.
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 com	piled or	1955	933	741.00
	reviewed on a separate basis, consolidated basis, or both:		Same	1.2	R.
	Separate basis				6 E.
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 audite	ed on a		228	JH I
	separate basis, consolidated basis, or both:				1998
	Separate basis Consolidated basis Both consolidated and separate basis			Sec.	764
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		20	
~	Schedule O.		1.24	2.23	100
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 under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

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Form **990** (2017)

SCH	EDL	JLE	Α	
(Form	990	or 9	90-E	Z)

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.

20**17** Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	
Name of the organization	

Employer identification number

FRIENDS 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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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.
 - a 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.
 - 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.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
-			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total	1.1. B M & A.	音響語 经历期目录	1990 m	1000		

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

EXERCIP Support Schedule for Organization Specified in Sections 170(b)(1)(A)(A)(V) and 170(b)(1)(A)(A)(V) Colombles only if you checked the box on line 5, 7, 0r & 6 Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) M 1 Gifts, grants, continutions, and index parts (0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	_	dule A (Form 990 or 990-EZ) 2017						Page 2
Section A: Public Support Celendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membrable fees received. (Do not include any 'unusual grants.') (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 2 Tax: revenues levided for the organization's benefit and cither paid to or spended on its behaft 3 The value of sarvices or facilities furnished by a governmental unit to the organization's benefit and cither paid to or publicly supported organization in or publicly support. Soft the anount shown on line 11 nourm (f)	Pa	(Complete only if you checked the	he box on lin	e 5, 7, or 8 o	f Part I or if th	ne organizatio	on failed to g	(i)
1 Gifts, grants, contributions, and membrahip fees received. (Do not include any "unusual grants."), the second of the organization's benefit and either paid to or expended on its behalf, and the therapid to or expended on its behalf, and therapid to ore spended ore analytic ore interest, dividends, spender ore analytic ore interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans and therapid to ore spended on the spender or ont the business is regularly carried on therapid to ore spended on therapid to ore spended on the spender or ont business is regularly carried on therapid to ore spender ore onterest therapid to ore spended ore organization's first, second, third, fourth, or fifth tax year as a section 50 f(c)(2) organization, check this box and stop here	Sec	tion A. Public Support	yuany unu		isted below,	please compl	ete Part III.)	
1 Gifts, grants, contributions, and memory include any "unusual grants.")	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	In Total
organization's benefit and ether paid to or expended on its behall		Gifts, grants, contributions, and membership fees received. (Do not			(4) 2010	(4) 2010	(6) 2011	(1) 10tai
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid to or expended on its behalf						
5 The portion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	3	furnished by a governmental unit to the organization without charge						
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 (i).	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on		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).						
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on		Public support. Subtract line 5 from line 4			a in ^{tar} in th			
7 Amounts from line 4 Image: Construction of the second seco			(-) 0010	11.0011				
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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.)		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI.)	9	Net income from unrelated business activities, whether or not the business						
 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	10	loss from the sale of capital assets						¥
 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part V		Total support. Add lines 7 through 10		EN: 2 WARD	Cash States 1			
 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part V		Gross receipts from related activities, etc.	(see instructio	ns)		• • • **	12	
 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 33¹/₃% support test-2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33¹/₃% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the o	13	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly organization in Part VI how the organization meets the "facts-and-ci	Secti			• • • •		¥ • • • @	• • 8 8 •	· 🛞 🕨 🗖
 Public support percentage from 2016 Schedule A, Part II, line 14		Public support percentage for 2017 /ling 6	column (8 di	idad by the st	1 a a l			
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 b 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	16a	331/3% support test-2017. If the organiz	ation did not a	check the box	on line 13, an	d line 14 is 33	1/2% or more	chock this
 b 33¹/₃% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization		box and stop here. The organization qualit	fies as a public	ly supported	organization			🕨 🗖
 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 		5 33'/3% support test-2016. If the organization did not check a box on line 13 or 16a and line 15 is 331/3% or more check						
b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly	17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part VI how the organization meets the "fa organization	I7. If the organets the "facts-and-circu	nization did no and-circumsta mstances" tes	ot check a box nces" test, cho st. The organiz	on line 13, 16 eck this box a ation qualifies	a, or 16b, and nd stop here. as a publicly s	line 14 is Explain in supported
SUBDOTED ORGANIZATION	b	10%-facts-and-circumstances test -201 15 is 10% or more, and if the organizati Explain in Part VI how the organization me	6. If the organ on meets the sets the "facts	nization did no "facts-and-ci and-circums	ot check a box rcumstances" tances" test. T	t on line 13, 16 test, check th	ba, 16b, or 17a his box and s	and line t op here. a publicly
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization did	not check a b	ox on line 13.	16a, 16b, 17a	or 17h check	this how and a	
Schedule A (Form 990 or 990-EZ) 2017								

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Part III

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Page 3

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.)

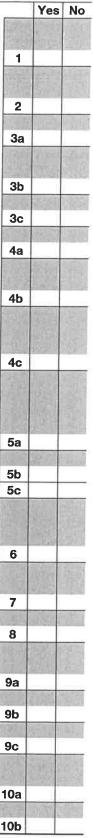
-	ion A. Public Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")	76,141.	108,282.	46,454.	107,928.	129,315.	468,120
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	41,581.	35,773.	45,956.	66,111.	145,473.	334,894
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
~	-	117 700	1.1.1.055				
6	Total. Add lines 1 through 5.	117,722.	144,055.	92,410.	174,039.	274,788.	803,014
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	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	10,029.	22,947.	0.	138.	66,307.	99,421.
С	Add lines 7a and 7b	10,029.	22,947.	0.	138.	66,307.	99,421.
8	Public support. (Subtract line 7c from	Contract of	To The Manager	A State State State	1001		55,121.
	line 6.)	12 - 12 - 12 - 13 - 13 - 13 - 13 - 13 -			Section Carles		703,593.
Secti	on B. Total Support						103,333
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	117,722.	144,055.	92,410.	174,039.	274,788.	803,014.
	Gross income from interest, dividends,	1111122.	144,055.	52,410.	1/4,039.	2/4,700.	005,014.
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	1 500	124	2 011	1 3 6 9	1 477	
h	Unrelated business taxable income (less	1,500.	434.	3,011.	1,369.	1,477.	7,791.
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1,500.	434.	3,011.	1,369.	1,477.	7,791.
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.)	26,929.	16,932.	39,496.	35,613.	52,006.	170,976.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	146.151.	161,421.	134 917	211 021	328 271	981,781.
14	First five years. If the Form 990 is for the	e organization	's first, second	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop he						
	on C. Computation of Public Suppor	t Percentage	<u> </u>				
ectio	vir v. vvinputation vi Fublic Subbor			Column (ft)		15	71.66 %
		Column (f) div				15	
15	Public support percentage for 2017 (line &	3, column (f) div	line 15	, column (i)/		46	72 00 0/
15 16	Public support percentage for 2017 (line & Public support percentage from 2016 Sch	edule A, Part I	II, line 15	•••••	· · · · ·	16	73.89 %
15 16 ectic	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In	edule A, Part I come Percen	II, line 15 .	• • • • •			
15 16 Sectio 17	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (line &	edule A, Part I come Percen ine 10c, colum	II, line 15 . I tage n (f) divided by	·	ın (f))	17	73.89 %
15 16 Sectio 17 18	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment Inc Investment income percentage for 2017 (I Investment income percentage from 2016	edule A, Part I come Percen ine 10c, colum Schedule A, P	II, line 15 I tage n (f) divided by art III, line 17	/ line 13, colum	nn (f))	17 18	0.79 % 1.19 %
15 16 ectio 17 18	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests – 2017. If the organi	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not	II, line 15 I tage n (f) divided by Part III, line 17 check the box	/ line 13, colum	an (f)) d line 15 is mo	17 18 Dre than 331/3%	0.79 % 1.19 % 5, and line
15 16 Sectio 17 18 19a	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests-2017. If the organi 17 is not more than 331/3%, check this box a	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not and stop here.	II, line 15 I tage n (f) divided by Part III, line 17 check the box The organizatio	/ line 13, colum on line 14, an n qualifies as a	n (f)) d line 15 is ma publicly suppo	17 18 ore than 331/3% rted organizatio	0.79 % 1.19 % 5, and line on . ► 🕅
15 16 iectio 17 18 19a	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests – 2017. If the organi 17 is not more than 331/3%, check this box a 331/3% support tests – 2016. If the organiz	edule A, Part II come Percent ine 10c, colum Schedule A, P zation did not and stop here. ation did not ch	II, line 15 htage n (f) divided by Part III, line 17 check the box The organization neck a box on line	/ line 13, colum on line 14, an n qualifies as a ine 14 or line 19	n (f)) d line 15 is mo publicly suppo 9a, and line 16	17 18 ore than 33 ¹ / ₃ % rted organization is more than 33	0.79 % 1.19 % 5, and line 5n . ► 🔀 3 ¹ / ₃ %, and
15 16 Sectio 17 18 19a b	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331 /3% support tests—2017. If the organiz 17 is not more than 331/3%, check this box a 331 /3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this b	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not of and stop here. ation did not ch box and stop here	II, line 15 Itage n (f) divided by art III, line 17 check the box The organizatio leck a box on li ere. The organiz	v line 13, colum on line 14, an on qualifies as a ine 14 or line 19 zation qualifies	n (f)) d line 15 is mo publicly suppo 9a, and line 16 as a publicly su	17 18 bre than 33 ¹ / ₃ % rted organization is more than 33 pported organization	0.79% 1.19% 5, and line $5n \cdot \blacktriangleright \times$ $3^{1}/_{3}\%, \text{ and}$ zation \blacktriangleright
15 16 Sectio 17 18 19a	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests – 2017. If the organi 17 is not more than 331/3%, check this box a 331/3% support tests – 2016. If the organiz	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not of and stop here. ation did not ch box and stop here	II, line 15 Itage n (f) divided by art III, line 17 check the box The organizatio leck a box on li ere. The organiz	v line 13, colum on line 14, an on qualifies as a ine 14 or line 19 zation qualifies	n (f)) d line 15 is mo publicly suppo 9a, and line 16 as a publicly su	17 18 bre than 33 ¹ / ₃ % rted organization is more than 33 pported organization	0.79% 1.19% 5, and line 5n . ► × $3^{1}/_{3}\%$, and zation ►

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 Organizations

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



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Part IV Supporting Organizations (continued)

- 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)
 - below, the governing body of a supported organization?
 - **b** A family member of a person described in (a) above?

c 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.

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.
- 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.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of organization's governing documents in effect on the date of notification, to the extent not previously provi
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pal the organization maintained a close and continuous working relationship with the supported organization
- 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 supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each h of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
	No.	
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	1		
		Yes	No
he e prior tax of the ided?	1		たいであ
ported o rt VI how on(s).	2		122
	And in case of the local division of the loc	Conversion in the owner.	

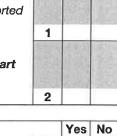
3

2a

2b

3a

Yes No





Yes No

Yes No

11a

11b

11c

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Part V

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
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	and the state of the second	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	A STATE AND A STATE	
4 Enter greater of line 2 or line 3.	4		3
5 Income tax imposed in prior year	5		2
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	1		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Sched	ule A (Form 990 or 990-EZ) 2017			Page 7			
Par	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	l age i			
Sec	tion D - Distributions	(-)		Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2							
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations				
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 which	ch the organization is res	sponsive				
9	(provide details in Part VI). See instructions.						
	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	1	<i>////</i>				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
C	From 2014			Ange and change age in			
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years	A CONTRACTOR OF A CONTRACTOR					
h	Applied to 2017 distributable amount	The second s					
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount	Constant of the second					
c	Remainder. Subtract lines 4a and 4b from 4.		The state of the second				
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c.						
8	Breakdown of line 7:			August a weather and			
а	Excess from 2013	Trades and the good					
b	Excess from 2014	A DECEMBER OF					
С	Excess from 2015	Complete States and	ALL ALL ALL A				
d	Excess from 2016		1794年1月2日日日第二	A PERMIT			
е	Excess from 2017		The internet in the				

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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Part VISupplemental 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
Description: BRICK CAMPAIGN 2014: 450. 2016: 733. 2017: 510. Description: PHOTOGRAPHY
WORKSHOPS Description: ARTS & CRAFTS WORKSHOPS Description: ANNUAL FUN RUN 2013:
2365. Description: OCEANWISE 2013: 23433. 2014: 15026. 2015: 39496. 2016: 32391.
2017: 48213. Description: NATIONAL ESTUARY DAY 2013: 135. 2014: 562. 2016: 662.
Description: GARAGE SALE 2013: 532. 2014: 254. 2016: 171. Description: CALENDAR
SALES 2013: 464. 2014: 640. Description: ESTU-SCARY HAUNTED TRAILS 2016: 1656.
2017: 3283.
REV 03/08/19 PRO Schedule A (Form 990 or 990-EZ) 2017

	IEDULE D m 990)	Complete if the or	tal Financial Statements	,	OMB No. 1545-0047
	ment of the Treasury		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ► Attach to Form 990.		Open to Public
	of the organization		1990 for instructions and the latest inforn		Inspection Inspection
	•	TOLOMATO MATANZAS NATIONAL ES	TUARINE RESEARCH RESERVE, INC.	91-2081	
			vised Funds or Other Similar Fun		
			"Yes" on Form 990, Part IV, line 6.		ounts.
-		Ŭ	(a) Donor advised funds	(b) F	Funds and other accounts
1	Total number a	atend of year			
2		ue of contributions to (during year)			
3		ue of grants from (during year) .			
4		le at end of year			
5	Did the organi	zation inform all donors and donor	advisors in writing that the assets he	eld in dono	r advised
~			e organization's exclusive legal contro		
6	Did the organiz	zation inform all grantees, donors, a	and donor advisors in writing that gran	t funds car	t be used
	conferring imp		fit of the donor or donor advisor, or fo	or any other	
Pa		rvation Easements.	••••••••••••••		· · · · Yes No
			"Yes" on Form 990, Part IV, line 7.		
1		conservation easements held by the			
			tion or education)	a historical	lv important land area
	Protection of the section of the	of natural habitat			nistoric structure
		n of open space			
2	Complete lines	2a through 2d if the organization he	eld a qualified conservation contribution	n in the forr	n of a conservation
		ne last day of the tax year.			Held at the End of the Tax Year
a			· · · · · · · · · · · · · · · · · · ·		
b	lotal acreage r	estricted by conservation easement	s	. 2b	
c d	Number of con	servation easements on a certified h	historic structure included in (a)	. 2c	
u			(c) acquired after 7/25/06, and not c		
3		-	sferred, released, extinguished, or term	· 2d	a organization during the
	tax year 🕨		sorrou, rolousou, exanguisheu, or term	mateu by u	te organization during the
4	Number of state	es where property subject to conser	vation easement is located >		
5	Does the orga	inization have a written policy red	arding the periodic monitoring insp	ection, hai	ndling of
	violations, and	enforcement of the conservation ea	sements it holds?		· · · 🗌 Yes 🗌 No
6	Staff and volunte	er hours devoted to monitoring, inspect	ing, handling of violations, and enforcing co	onservation e	easements during the year
-					
7	Amount of expension of expension of expension of the second se	nses incurred in monitoring, inspectin	g, handling of violations, and enforcing c	onservation	easements during the year
8		servation easement reported on line	2(d) above satisfy the requirements of s	section 170	(h)(/)/B)(i)
	and section 170	D(h)(4)(B)(ii)?			
9			onservation easements in its revenue a		
	balance sheet,	and include, if applicable, the text o	f the footnote to the organization's fina	ncial stater	nents that describes the
		accounting for conservation easeme			
Par	Organiz	ations Maintaining Collections	s of Art, Historical Treasures, or (Other Sim	ilar Assets.
10			Yes" on Form 990, Part IV, line 8.		
Ia	works of art hi	istorical treasures or other similar	AS 116 (ASC 958), not to report in its r assets held for public exhibition, edu	evenue sta	tement and balance sheet
	public service,	provide, in Part XIII, the text of the fo	potnote to its financial statements that	describes t	hese items
b			FAS 116 (ASC 958), to report in its re		
	works of art, hi public service, p	istorical treasures, or other similar provide the following amounts relati	assets held for public exhibition, edung to these items:	cation, or	research in furtherance of
	(i) Revenue inc	luded on Form 990, Part VIII, line 1			\$
-	(ii) Assets includ	ded in Form 990, Part X			\$
2	following amou	nts required to be reported under SI	Alstorical treasures, or other similar a FAS 116 (ASC 958) relating to these iter	assets for 1 ms:	inancial gain, provide the
a	Revenue include	ed on Form 990, Part VIII, line 1		🕨	\$
b	Assets included	I In Form 990, Part X		🕨	\$
For Pa	perwork Reductio	on Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017

Scheo	ule D (Form 990) 2017							Page 2
Pa	rt III Organizations Maintaining	Collections of	Art. Hi	storical	Treasures	s. or O	ther Similar A	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and c	other rec	ords, che	ck any of t	he follo	wing that are a	significant use of its
а	Public exhibition		d	🗌 Loai	n or exchan	ae prog	irams	
b			е					
С	Preservation for future generation							
4	Provide a description of the organiza XIII.							
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive r than to be maint	donatio	ns of art, part of th	historical t ne organizat	treasure tion's co	s, or other simil	ar
Pa	t IV Escrow and Custodial Arra	angements.						
	Complete if the organizatior 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or ot	her inter	mediary f	or contribu	itions or	other assets n	ot
b	If "Yes," explain the arrangement in P							
							A	mount
c	Beginning balance		• • •	• 8 •	• • • • •	10		
d	Additions during the year	• * * • • •	· · ·	• • •	• 85 (3) •	1d		
e	Distributions during the year		· · ·	• 2 •	• 350 (38) •	1e		
f	Ending balance	· · · · · · ·	· ·	· · ·	• • • • •	1f		
2a	Did the organization include an amount	nt on Form 990, P	art X, lin	e 21, for e	escrow or c	ustodial	account liability	/? 🗌 Yes 🗌 No
b Par	If "Yes," explain the arrangement in Part V Endowment Funds.	art XIII. Check her	e if the e	explanatio	n has been	provide	ed on Part XIII .	<u></u>
1 ai	Complete if the organization	answord "Van	" on Fo			- 10		
	Complete in the organization	(a) Current year		ior year	(c) Two year		(-0 T)	1
1a	Beginning of year balance	(a) Current year		ior year	(c) two year	rs dack	(d) Three years back	k (e) Four years back
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	he current year en	d baland	e (line 1a	. column (a)) held a	IS:	
а	Board designated or quasi-endowmer					,,		
b	Permanent endowment	%						
С	Temporarily restricted endowment >	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in the	possession of the	ie organi	zation that	at are held a	and adr	ninistered for th	e
	organization by:							Yes No
	(i) unrelated organizations						· (27) (38) · ·	3a(i)
	(ii) related organizations					а ж. .		3a(ii)
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on So	hedule R?	x x .	· · · · ·	3b
4 Dovi	Describe in Part XIII the intended uses		n's endo	owment fu	inds.			
Part	, ,		_					
-	Complete if the organization					e 11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or otl (investme			r other basis her)		ccumulated preciation	(d) Book value
1a	Land					Sec. of		
b	Buildings							
С	Leasehold improvements .			20	07,000.		69,042.	137,958.
d	Equipment				L8,355.		12,942.	5,413.
e	Other							
i otal.	Add lines 1a through 1e. (Column (d) m				(B), line 10	c.)	►	143,371.
BAA		RE	/ 03/08/19 P	RO			Sche	dule D (Form 990) 2017

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Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 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) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX **Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)

(7) (8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
come taxes		
		에 타이 것이 안 없어? 이 것이 가지 가입니 것이다. 가지 않는 것이다. 이 것이 가지 않는 것이다. 이 것이 가지 않는 것이 가지 가지 않는 것이 같이 가지 않는 것이 가지 않는 것이 가지 않는 것이 가지 않는 것이 같이 있다. 않는 것이 같이 같이 같이 같이 같이 않는 것이 같이 않는 것이 같이 않는 것이 가지 않는 것이 같이 않는 것이 같이 않는 것이 같이 않는 것이 같이 않는 것이 않는 것이 같이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 같이 않는 것이 않 것이 같이 않는 것이 않는 것 않는 것
) must equal Form 990, Part X, col. (B) line 25.) 🕨		
	(a) Description of liability icome taxes	come taxes

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Schedu	le D (Form 990) 2017		Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements	- aren, into 12a.	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••*	10000
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	20 2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	Eu	2e
3	Subtract line 2e from line 1	80 · · · · 8 · · ·	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	
С	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		
1	Complete if the organization answered "Yes" on Form 990, I	Part IV. line 12a.	
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:		10007
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	20	
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 IX, line 25, 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	
С	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to provide any additional i	nformation.

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chedule D (Form 990) 2017	Pag
art XIII Supplemental Information (continued)	

CHEDULE G Form 990 or 990-EZ)	Complete	if the organization a	ineworad "Va	" on Form 00	raising or Gamin 20, Part IV, line 17, 18, 1 Form 990-EZ, line 6a		OMB No. 1545-004
epartment of the Treasury ternal Revenue Service		► /	Attach to Forn	990 or Form	n 990-EZ.	l .	QU11 Open to Public
ame of the organization		Go to www	w.irs.gov/Form	1990 for the l	atest instructions.	England I at	Inspection
RIENDS OF GUANA TO	LOMATO MAT.	ANZAS NATIONA	L ESTUARI	NE RESEA	RCH RESERVE, 1	NC. 91-208143)
Part I Fundraisin	g Activities	 Complete if t 	he organiz	ation answ	wered "Yes" on	Form 990, Part IV	line 17.
Form 990-1	=Z filers are	not required to	complete	this part.			
a Mail solicitatio	ine organizati	on raised funds	through any	of the foll	owing activities. C	heck all that apply.	
b Internet and e		ons	e _ f [ion of non-govern ion of governmen		
c 🗌 Phone solicita	tions		g [fundraising events		
d 🗌 In-person solid							
2a Did the organizati	on have a wri	tten or oral agre	ement with	any individ	dual (including offi	cers, directors, trus undraising services	tees,
b If "Yes," list the 1 compensated at le	0 highest paic east \$5,000 b	t individuals or e	entities (fund en.	draisers) pi	ursuant to agreem	(v) Amount paid to	ne fundraiser is to
(i) Name and address of or entity (fundrais		(ii) Activity	custody o contrib	draiser have r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid t (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
)							
tal							
B List all states in wh	nich the organ	nization is regist	ered or lice	sed to so	licit contributions	or has been notifie	d it is exempt fro
registration or licen	sing.	-					a it is exempt ite

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Schedule G (Form 990 or 990-EZ) 2017

÷ 1 .

5 6 7 8 En	Volunteer labor	No line 2 through 5 in colur	No [] No []	No No	Yes _ No
5 6 7	Direct expense summary. Add lin	No Construction No Constructio] No	No	
5 6		No] No		
5	Volunteer labor		ille	lites %	he have been a second and a second and a second
		Yes %	Yes %	Yes %	
	Other direct expenses				
4	Rent/facility costs				
3	Noncash prizes				
2	Cash prizes				
1	Gross revenue				col. (a) through col. (c))
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form 990	ot line 10 from line 3, co organization answer 0-EZ, line 6a	olumn (d) ed "Yes" on Form 99	0, Part IV, line 19, or	5,803. 42,410.
	 Direct expense summary. Add Net income summary. Subtract 				2,242.
	9 Other direct expenses .	2,242.			
	8 Entertainment				981
Caellady -	7 Food and beverages	981.			2,580
Cacina	6 Rent/facility costs	2,580.			
	5 Noncash prizes				
	4 Cash prizes	,215			48,213
_	3 Gross income (line 1 minus line 2)	48,213			
	2 Less: Contributions	48,213	•		48,21
щ	1 Gross receipts	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue		OCEANWISE	(b) Event #2	(c) Other events	(d) Total events
Revenue	1	(a) Event #1	(b) Event #0	1	, line 18, or reported i 3 1 and 6b. List events

11	le G (Form 990 or 990-EZ) 2017		Pa
12	Is the organization a grante	or, beneficiary or trustee	h nonmembers?
13	Indicate the percentage of		
а			
14	Enter the name and address records:	s of the person who prep	pares the organization's gaming/special events books and
	Name ►		
	Address ►		
15a			ird party from whom the organization receives gaming
b		f gaming revenue receiv	ed by the organization > \$ and the
c	If "Yes," enter name and ad	dress of the third party:	·····
	Name ►		
	Address ►		
16	Gaming manager informatio	n:	
	Name ►		
	Gaming manager compense	ation ► \$	
	Description of services prov	ided ►	
		Employee	Independent contractor
	Director/officer		
	Mandatory distributions: Is the organization required		ke charitable distributions from the gaming proceeds to
а	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu	se?	te law to be distributed to other exempt organizations or
	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu spent in the organization's of Supplemental Infor	se?	te law to be distributed to other exempt organizations or
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and

Open dots Construction Construction <th>(Form 990)</th> <th>Grants and Governments Complete if the organ</th> <th></th> <th>Other Assistance to Organizations, , and Individuals in the United State ization answered "Yes" on Form 990, Part IV, line 21 o</th> <th>Other Assistance to Organizations, and Individuals in the United States ation answered "Yes" on Form 990, Part IV, line 21 or 22.</th> <th></th> <th>0000 No. 1545-0047</th>	(Form 990)	Grants and Governments Complete if the organ		Other Assistance to Organizations, , and Individuals in the United State ization answered "Yes" on Form 990, Part IV, line 21 o	Other Assistance to Organizations, and Individuals in the United States ation answered "Yes" on Form 990, Part IV, line 21 or 22.		0000 No. 1545-0047
or flat Quality (or flat grants) INTENDATIONALIAS INTENDATIONAL ISSTUDATION IN RESERVE, TINC. [1000000101 01 01 01 01 01 01 01 01 01 01	spartment of the Treasury ternal Revenue Service	► Go t	Attach to www.irs.gov/Form99	Form 990. 90 for the latest inf	ormation.		Open to Public Inspection
All Lobos Consent Information on the Darration and STATIONIN. ENCENTRY. Internation on the Information on the Information on the grants or assistance, in equilation on the grants or assistance, and the grants or assistance of comments of the organization answere assistance, and the grants or assistance of comments of the organization answere assistance, and the grants or assistance of comments of the organization answere assistance, and the grants or assistance of the difference of the						Employ	yer identification number
Description matrixin The selection of the grants or assistance, the grants or assistance, and the grants or assistance and the selection of the grants or assistance and the selection of the grants or assistance. Description of the used of a ward in the united States. Description of the used of a ward in the united States. Description of the used of a ward in the united States. Bit in the united States. Bit in the 21; for any recipient that received more than \$0,000 mestic Governments. Complete if the organization and address of grants matrix 	NDS	ATANZAS NATIONAL E			- 1	91-2	081432
The selection oriteria used to averd the grants or assistance? Describe In Fault With organization is produced for monthing the use of grant truths in the United States. Describe In Fault With organization is produced for more than \$5,000. Part II can be duplicated if additional space is needed. B90, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. B91, Part Statistic comparisation is produced for that received more than \$5,000. Part II can be duplicated if additional space is needed. B91, Part Statistic statistic statistic in that received more than \$5,000. Part II can be duplicated if additional space is needed. B91, Part Statistic statistic statistic in that received more than \$5,000. Part II can be duplicated if additional space is needed. B91, Part Statistic statistic statistic in the statistic in the statistic statistic in the statistic statistic in the statistic statistic statistic in the statistic statistic statistic in the statistic statistic statistic in the statistic statistic statistic in the statistic statistic in the statistic statistic statistic in the statistic statistic statistic in the statistic stat	1 Does the organization maintain reco	ords to substantiate the arr	nount of the grants or	assistance the o	rantees' elicihility fo	r the drante or accietance	puc o
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Caratisation and Other States and Other States. Bost The Life S1, for any recipient that received monitoring the use of grant funds in dualitional spaces is measured to a dual trans of the colopanization spaces is measured to a monitoring the use of address of organization spaces is measured to a monitoring the use of address of organization spaces is measured to an in application of a monitoring the use of address of organization spaces is measured to an indicate a monitoring the use of address of organization and the address of organization and address of organization address of organizaddoladdress of organization address of organizatio	the selection criteria used to award	the grants or assistance?					XVac
Carants and Obrer Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered more than 85.000. Part IV, line 21.1 for any supervision of the manual more species interded. Bit Manual Domestic State of and the matrix of the organization answered more than 85.000. Part IV, line 21.1 for any supervision of the manual more species interded. If a point of the matrix of the organization answered more than 0.1 more and address of equation. River Manual Domestic State of the matrix of the matrix of the organization of the matrix of the matrix of the organization of the matrix of the matrix of the organization of the matrix of the matrix of the organization of the matrix of the matrix of the organization of the matrix of the matrix of the organization of the matrix of the matrix of the organization of the matrix of the organization of the matrix of the matrix of the organization of the matrix of the organization of the organization of the matrix of the organization of the matrix of the organization of the matrix of the organization of the organization of the matrix of the organization of the organizatio	eso	i's procedures for monitorir	ig the use of grant fu	nds in the United	States.		
(a) Nume and address of organization (b) EN (a) Nume and address of organization (b) EN (a) Nume and address of organization (a) Nume and address of organization (b) Nume and address of organization (a) Nume and address of organization (a) Nume and address of organization (b) Nume and address of organization (c) Num address of organization	_	nce to Domestic Orgar y recipient that received	iizations and Dom more than \$5,000.	nestic Governm Part II can be d	ents. Complete if uplicated if additic	the organization answind space is needed.	/ered "Yes" on Form
COMB. MANUAS. SERTENCE SEGRER Second State 178, 699. EMV EMV Mail TABLETA AND FORT THAN SECTIONS 59-6001874 178, 699. EMV EMV RE TABLETA AND FORT THAN SECTIONS 59-6001874 178, 699. EMV EMV RE TABLETA AND FORT THAN SECTION FOR THAN SECTION SECTION FOR THAN SECTION FOR SECTION FOR SECTION FOR THAN SECTION FOR THAN SECTION FOR SECTION	1 (a) Name and address of organization ((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 of noncash assistance	(h) Purpose of grant or assistance
American matrix Description L/B,099- EWV EWV RE Image: Second	+))]]]				
Effer total number of section 501(6)(3) and government organizations listed in the line 1 table	ZONZC II HANDA TINDI MAAN VANA	5/0T00	Τ / α' αλλ.		A M		- 1
Effert total number of section Bolle(3) and government organizations listed in the line 1 table 1							
The section Sol (s)(3) and government or ganizations listed in the line 1 table Image: Section Sol (s)(3) and government or ganizations listed in the line 1 table	(2)						
Enter total number of section S01(c)(3) and government organizations listed in the line 1 table 1 1 1	(4)						
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1	(2)						
Enter total number of section Advisors Sect	(9)						
Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table I <td< td=""><td>F</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	F						
Enter total number of social sized in the line 1 table •							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(8)						
Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table	(6)						
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	0)						
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nizations listed in the line 1 table	2)						
)(3) and government organi ations listed in the line 1 tal	zations listed in the li	ine 1 table			
	restriction Act Notice and the	autorio iioted iii tite iiile i ta		•	•		

Schedule I (Fc	Schedule I (Form 990) (2017)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed.	Is. Complete if the	organization answ	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(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
-						
2						
m						
4						
сı						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	quired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
Pt I Li	Line 2: FUNDS ARE PROVIDED TO SU	SUPPORT AND EN	ENHANCE ENVIRONMENTAL	TENTAL EDUCATION,	STEWARDSHIP OF	NATURAL AND
CULTURAL	RESOURCES, AND SCIENTIFIC	RESEARCH OF TH	THE GUANA TOLOMATO	MATANZAS	NATIONAL ESTUARINE I	RESEARCH RESERVE.
THE OR	ORGANIZATION PROVIDES FUNDS BASED	NO	DOCUMENTATION PROVIDED	ED BY THE RESERVE	RVE AND WORKS WITH	RESERVE STAFF
INOM OT	MONITOR PROJECTS FOR WHICH FUNDS	AND REIMBURSEMENTS	EMENTS HAVE BEEN	EN REQUESTED.		
BAA		REV 03/08/19 PRO	0			Schedule I (Form 990) (2017)

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Name of the organization FRIENDS OF GUANA			201 Open to P Inspection
FRIENDS OF GUANA		Employer identifica	tion number
	COLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	91-2081432	
Pt VI, Line 11b	: THE FORM 990 IS MADE AVAILABLE VIA EMAIL TO ALL	BOARD MEMBE	RS
FOR THEIR REVIE	W AND ANY ADJUSTMENTS. A FINAL REVIEW IS THEN PER	FORMED BY T	HE
PRESIDENT, TREA	SURER AND EXECUTIVE DIRECTOR FOR ACCURACY PRIOR TO	FILING THE	
FORM 990 TAX RE	TURN.		
Pt VI, Line 12c	: EACH DIRECTOR AND THE EXECUTIVE DIRECTOR IS RESP	ONSIBLE FOR	***
BRINGING ANY CO	NFLICTS NOT DISCLOSED TO THE ATTENTION OF THE BOAR	D	
Pt VI, Line 15a	: THE BOARD REVIEWS THE EXECUTIVE COMPENSATION BAS	ED ON INDUS	ΓRΥ
AND REGION COMP	ARATIVES, AND THEIR COLLECTIVE EXPERIENCE.		****
Pt VI, Line 15b	: THE BOARD REVIEWS THE COMPENSATION BASED ON INDU	STRY AND RE	GION
COMPARATIVES, A	ND 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 AGRICU	LTURE'S WEBSITE OR UPON REQUEST.		
Other: SECTION	1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION - SEP	E ATTACHED	
Other: SECTION	1.263(a)-3(h) SAFE HARBOR ELECTION FOR SMALL TAXPA	YERS - SEE	
ATTACHED			
Other: AMENDED	RETURN-AFTER FURTHER BOARD REVIEW, IT WAS DETERMINE	ED THE EXPEN	ISES
FOR THE RESEARC	H RESERVE WERE OVERSTATED BY \$70,000 AND THE RELATE	ED LIABILITY	[
WAS ALSO OVERST	ATED. THE PROGRAM EXPENSES ON PAGE 10, PART IX STA	ATEMENT OF I	UNCTIONAL
EXPENSES, LINE	L, GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZA	ATIONS AND I	OMESTIC
GOVERNMENTS, W	AS REDUCED BY \$70,000 FROM \$248,699 TO \$178,699. 1	THE RELATED	
LIABILITY ON PA	GE 11, PART X, BALANCE SHEET, LINE 18, GRANTS PAYAE	BLE WAS ALSO)
REDUCED BY \$70,0	000 FROM \$158,033 TO \$80,033 PER THE BOARD OF DIREC	CTORS. SCHE	DULE
I, GRANTS AND O	THER ASSISTANCE TO DOMESTIC ORGANIZATIONS - GOVERNM	MENTS AND IN	DIVIDUALS
OF THE UNITED ST	ATES, PART II, LINE 1, ALSO REFLECTS THE \$70,000 R	REDUCTION FF	OM

Name of the organization	Employer identification number
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	91-2081432
\$248,699 TO \$178,699.	
Pt IX, Line 24e:	
Description: BANK SERVICE CHARGES	
Total: \$229	
Program services: \$0	
Management and general: \$229	
Fundraising: \$0	
Description: MEALS AND ENTERTAINMENT	
Total: \$160	
Program services: \$0	
Management and general: \$160	
Fundraising: \$0	
Description: MEMBERSHIP DEVELOPMENT	
Total: \$260	
Program services: \$260	
Management and general: \$0	
Fundraising: \$0	
Description: MISCELLANEOUS EXPENSES	
Total: \$22	
Program services: \$22	
Management and general: \$0	
Fundraising: \$0	
Description: PAYROLL DATA PROCESSING	
Total: \$1,694	
Program services: \$847	
Fundraising: \$423	

Name of the organization	Pa
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	Employer identification number
Description: POSTAGE EXPENSE	51-2001432
Total: \$1,939	
Program services: \$970	
Management and general: \$485	
Fundraising: \$484	
Description: PRINTING EXPENSE	
Total: \$128	
Program services: \$96	
Management and general: \$0	
Fundraising: \$32	
Description: REPAIRS AND MAINTENANCE	
Total: \$1,595	
Program services: \$1,595	
Management and general: \$0	
Fundraising: \$0	
Description: SUPPLIES	
Total: \$1,426	
Program services: \$1,070	
lanagement and general: \$214	
undraising: \$142	

Additional Information

TAX YEAR: SEPTEMBER 30, 2018	
THE TAXPAYER ELECTS TO MAKE THE DE MINIMIS SAFE HARBOR ELE	ECTION 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	

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A. 2. 2.

Additional Information

lame RIENDS 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, 2018	
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.	

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