



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION  
2014 REPORT**

**IMPLEMENTATION OF COMMITTEE SUBSTITUTE SENATE BILL 1194**

Citizen Support Organization (CSO) Name: Florida Greenways and Trails Foundation Inc.  
Mailing Address: 3186 Barringer Hill Dr. Tallahassee FL 32311  
Telephone Number: 850-591-7646 Website Address (if applicable): www.FGTF.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.

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

**Brief Description of the CSO's Mission:**

The adopted Mission statement of the Foundation states:

The mission of the Florida Greenways and Trails Foundation (FGTF) is to advocate for and help create a statewide system of greenways and trails.

**Brief Description of the CSO's Results Obtained:**

The Florida Greenways and Trails Foundation has applied for, received, and administered grants to support state-owned trails and funded such items as two Boundless playgrounds, land acquisition, equipment, educational brochures, mapping, etc. The FGTF has also worked with the Office of Greenways and Trails (OGT) to define a set of priorities for Trails that takes the form of continuous connectors through the State with the intent of then facilitating the planning, funding and implementation in cooperation with the OGT. The first of these connector trails is the Coast to Coast Connector which has received extensive community support and has been funded by the State Legislature and approved by the Governor. This public support was obtained by a considerable outreach and education program by the Foundation and board members.

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

The Foundation has adopted a strategic plan to follow through on the greenways and trails program. That plan defines the education and outreach efforts and how they will be accomplished. The plan is currently being updated to define the pursuit of the coast-to-coast trail connector and also other follow-on connectors to provide a fully networked trail system in the state of Florida. This update will encompass A refinement of the education and outreach functions carried out by the Foundation.

**x Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)**

**x 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**

# **Model CSO Code of Ethics – June 2014**

## **Florida Greenways and Trails Foundation, Inc.**

### **CODE OF ETHICS**

**(Foundation Board is scheduled to review / approve September 18, 2014)**

#### **PREAMBLE**

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

#### **STANDARDS**

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

##### **1. Prohibition of Solicitation or Acceptance of Gifts**

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

##### **2. Prohibition of Accepting Compensation Given to Influence a Vote**

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

##### **3. Salary and Expenses**

## **Model CSO Code of Ethics – June 2014**

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

### **4. Prohibition of Misuse of Position**

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

### **5. Prohibition of Misuse of Privileged Information**

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

### **6. Post-Office/Employment Restrictions**

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

### **7. Prohibition of Employees Holding Office**

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

### **8. Requirements to Abstain From Voting**

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

### **9. Failure to Observe CSO Code of Ethics**

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

Carr, Riggs & Ingram, LLC  
906 South State Road 19  
Palatka, FL 32177

November 6, 2013

Florida Greenways and Trails  
Foundation Inc.  
Po Box 4142  
Tallahassee, FL 32315

Florida Greenways and Trails Foundation Inc.:

Enclosed is the organization's 2012 Exempt Organization  
return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has been prepared for electronic filing. If you  
wish to have it transmitted electronically to the IRS, please  
sign, date, and return Form 8879-EO to our office. We will  
then submit the electronic return to the IRS. Do not mail a  
paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest  
that you retain this copy indefinitely.

Very truly yours,



Carr, Riggs & Ingram, LLC

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

# 2012

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.</b>	<b>D</b> Employer identification number <b>59-3742206</b>
Address change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 4142</b>	<b>E</b> Telephone number <b>850-766-7225</b>
Name change		<b>F</b> Group Exemption Number ▶
Initial return	City or town, state or country, and ZIP + 4 <b>TALLAHASSEE, FL 32315</b>	
Terminated		
Amended return		
Application pending		
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶		<b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ <b>WWW.FGTF.ORG</b>		
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **79,145.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>79,116.</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Investment income	<b>4</b>	<b>29.</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		
	<b>6</b> Gaming and fundraising events			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>		
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>			
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>			
<b>b</b> Less: cost of goods sold	<b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>			
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>			
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>79,145.</b>		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>17,516.</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>10,000.</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>4,024.</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>45,544.</b>	
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>77,084.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>2,061.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>64,233.</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>66,294.</b>	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

**FLORIDA GREENWAYS AND TRAILS  
FOUNDATION INC.**

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

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

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .....		64,233.	22	89,744.
23 Land and buildings .....			23	
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b> .....		0.	24	1,550.
25 <b>Total assets</b> .....		64,233.	25	91,294.
26 <b>Total liabilities</b> (describe in Schedule O) <b>SEE SCHEDULE O</b> .....		0.	26	25,000.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....		64,233.	27	66,294.

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

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 <b>SEE SCHEDULE O</b>			
(Grants \$ <b>17,516.</b> ) If this amount includes foreign grants, check here <span style="float:right">▶</span>	28a		52,642.
29			
(Grants \$ ) If this amount includes foreign grants, check here <span style="float:right">▶</span>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here <span style="float:right">▶</span>	30a		
31 Other program services (describe in Schedule O) .....			
(Grants \$ ) If this amount includes foreign grants, check here <span style="float:right">▶</span>	31a		
32 <b>Total program service expenses</b> (add lines 28a through 31a) <span style="float:right">▶</span>	32		52,642.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
W. DALE ALLEN PRESIDENT	10.67	0.	0.	0.
JENA BROOKS VICE PRESIDENT	1.65	0.	0.	0.
LINDA MYERS TREASURER	2.51	0.	0.	0.
MARK LLEWELLYN SECRETARY	1.63	0.	0.	0.
WELLINGTON MEFFERT GENERAL COUNSEL	2.09	0.	0.	0.
RICHARD DUNKEL DIRECTOR	6.53	0.	0.	0.
SALLY THOMPSON DIRECTOR	3.61	0.	0.	0.
BRIAN SMITH DIRECTOR	4.23	0.	0.	0.
HERB HILLER DIRECTOR	1.30	0.	0.	0.

**FLORIDA GREENWAYS AND TRAILS  
FOUNDATION INC.**

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

		<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O .....	<b>33</b>		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) .....	<b>34</b>		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? .....	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O .....	<b>35b</b>	<b>N/A</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .....	<b>35c</b>		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N .....	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions .....	<b>37a</b>		<b>0.</b>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>37b</b>		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .....	<b>38a</b>		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved .....	<b>38b</b>	<b>N/A</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 .....	<b>39a</b>	<b>N/A</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....	<b>39b</b>	<b>N/A</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <b>0.</b> ; section 4912 ▶ <b>0.</b> ; section 4955 ▶ <b>0.</b>			
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	<b>40b</b>		<b>X</b>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			<b>0.</b>
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .....			<b>0.</b>
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .....	<b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>			
<b>42a</b> The organization's books are in care of ▶ <b>ALICIA GERMANI</b> Telephone no. ▶ <b>850-766-7225</b> Located at ▶ <b>PO BOX 4142, TALLAHASSEE, FL</b> ZIP + 4 ▶ <b>32315</b>			
<b>b</b> 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)? .....	<b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....	<b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country: ▶ _____			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here .....			
and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>43</b>		<b>N/A</b>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>44a</b>		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? .....	<b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>45a</b>		<b>X</b>
<b>45b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) .....	<b>45b</b>		



**FLORIDA GREENWAYS AND TRAILS  
FOUNDATION INC.**

Form 990-EZ (2012)

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		<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	<b>46</b>		<b>X</b>

**Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  
Check if the organization used Schedule O to respond to any question in this Part VI .....

		<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II .....	<b>47</b>		<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<b>48</b>		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization? .....	<b>49b</b>		

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>NONE</b>				

**f** Total number of other employees paid over \$100,000 ..... **▶** \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ..... **▶** **X** Yes **No**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>LINDA MYERS, TREASURER</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>JOHN D. ROWE, CPA</b>	<i>John D Rowe</i>	11/6/13		<b>P00099553</b>
	Firm's name <b>▶ CARR, RIGGS &amp; INGRAM, LLC</b>	Firm's EIN <b>▶ 72-1396621</b>		Phone no. <b>386-325-4561</b>	
	Firm's address <b>▶ 906 S STATE RD 19 PALATKA, FL 32177</b>				

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



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization **FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.** Employer identification number **59-3742206**

**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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 10** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11** 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a** Type I      **b** Type II      **c** Type III - Functionally integrated      **d** Type III - Non-functionally integrated
- e** By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_
- g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
<b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	<b>11g(i)</b>	
<b>(ii)</b> A family member of a person described in (i) above? _____	<b>11g(ii)</b>	
<b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above? _____	<b>11g(iii)</b>	
- h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

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

(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**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,725.	34,410.	37,910.	42,092.	79,116.	212,253.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18,725.	34,410.	37,910.	42,092.	79,116.	212,253.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						68,016.
<b>6 Public support.</b> Subtract line 5 from line 4.						144,237.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	18,725.	34,410.	37,910.	42,092.	79,116.	212,253.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....				24.	29.	53.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						212,306.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....	▶					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	67.94	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	100.00	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ X		
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

<b>Name of the organization</b> FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.	<b>Employer identification number</b> 59-3742206
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**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization<br><br>4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation<br><br>527 political organization |
| Form 990-PF        | 501(c)(3) exempt private foundation<br><br>4947(a)(1) nonexempt charitable trust treated as a private foundation<br><br>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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000.

If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)**

Name of organization <b>FLORIDA GREENWAYS AND TRAILS                  FOUNDATION INC.</b>	Employer identification number <b>59-3742206</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FELBURN FOUNDATION  1515 E. SILVER SPRINGS BLVD, SUITE 188  OCALA, FL 33480	\$ 20,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
2	FRIEDMAN & HUEY ASSOCIATES  1313 WEST 175TH STREET  HOMEWOOD, IL 60430	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
3	BLUE CROSS & BLUE SHIELD OF FLORIDA FOUNDATION  4800 DEERWOOD CAMPUS PARKWAY  JACKSONVILLE, FL 32246	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
4	ELIZABETH ORDWAY DUNN FOUNDATION  P.O. BOX 3267  PALM BEACH, FL 33480	\$ 20,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization <b>FLORIDA GREENWAYS AND TRAILS                  FOUNDATION INC.</b>	Employer identification number <b>59-3742206</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

<b>Name of organization</b> FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.	<b>Employer identification number</b> 59-3742206
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **FLORIDA GREENWAYS AND TRAILS  
FOUNDATION INC.** Employer identification number  
**59-3742206**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<b>DESCRIPTION OF PROPERTY:</b>	<b>AMOUNT:</b>
<b>INTEREST INCOME</b>	<b>29.</b>

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME: STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL  
PROTECTION**

**GRANTEE ADDRESS: 3900 COMMONWEALTH BOULEVARD TALLAHASSEE, FL 32399**

**PROPERTY DESCRIPTION: 4 ATVS**

**AMOUNT GIVEN: 17,516.**

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<b>DESCRIPTION OF OTHER EXPENSES:</b>	<b>AMOUNT:</b>
<b>TRAVEL</b>	<b>12,677.</b>
<b>PUBLIC COMMUNICATIONS/RESEARCH</b>	<b>18,469.</b>
<b>ADMINISTRATIVE SUPPORT</b>	<b>6,762.</b>
<b>ANNUAL FILING FEES</b>	<b>75.</b>
<b>MEETINGS</b>	<b>919.</b>
<b>SUPPLIES &amp; MATERIALS</b>	<b>3,791.</b>
<b>OTHER</b>	<b>218.</b>
<b>WEBSITE</b>	<b>369.</b>
<b>PROMOTIONS &amp; APPRECIATION EVENTS</b>	<b>2,264.</b>
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>45,544.</b>

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **FLORIDA GREENWAYS AND TRAILS  
FOUNDATION INC.** Employer identification number  
**59-3742206**

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	0.	1,550.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	0.	25,000.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FLORIDA GREENWAYS AND TRAILS FOUNDATION, INC. EXISTS TO SUPPORT THE MISSION AND PROGRAMS OF THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S OFFICE OF GREENWAYS AND TRAILS AS IT CONTINUES TOWARD ESTABLISHING A STATEWIDE SYSTEM OF GREENWAYS AND TRAILS FOR RECREATION, CONSERVATION, ALTERNATIVE TRANSPORTATION AND THE ECONOMIC BENEFIT OF TOURISM.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

**FLORIDA GREENWAYS AND TRAILS FOUNDATION, INC. CONTINUED TO ADVOCATE AND HELP CREATE A STATEWIDE SYSTEM OF TRAILS AND GREENWAYS IN THE STATE OF FLORIDA IN ORDER TO ADVANCE HEALTH, RECREATION, TRANSPORTATION AND TOURISM.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

**FLORIDA GREENWAYS AND TRAILS  
FOUNDATION INC.**

Employer identification number

**59-3742206**

Name and title of officer

**LINDA MYERS  
TREASURER**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> <u>79145</u>
<b>3a</b> Form 1120-POL check here ▶	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 42206  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**50373054561**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 11/6/13

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**