

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2018 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of the Little Manatee River Park, Inc.
Mailing Address: 215 Lightfoot Road Wimauma, Fl. 33598
Telephone Number: 813-841-4218 Website Address (if applicable): FriendsoftheLittleManatee.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:
To promote, protect and improve the park so as to enhance the visitor's park experience while working with and supporting the park staff.
Brief Description of the CSO's Results Obtained:
During the life of our CSO, we have funded and completed many projects to improve the park. These include building a new horse stable, new equestrian parking lot, improvements to laundry facilities, providing maintenance and new tools for park staff and facilities including radio communications, air conditioning systems and office equipment. Our CSO has, funded several educational and informational displays and programs. We have also held many fundraising events to fund park projects.
Brief Description of the CSO's Plans for Next Three Fiscal Years:
To hold several events to raise funds for the park and increase park awareness and visitation. To support the needs of the park with funding and volunteer efforts. To improve the park with new projects, infrastructure and systems as needed and determined by the CSO board and the park manager.

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

Friends of the Little Manatee River Park, Inc. CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

Model CSO Code of Ethics – June 2014

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.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2017 calenda	r year, or tax year beginning , 2017, and ending	3		, 20							
В	Check if ap	oplicable:	C Name of organization	D Emp	oloyer id	entification number							
	Address o	change	Friends of the Little Manatee River Park, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		5	9-344234							
	Name cha		E Telephone number										
	Initial retu	angg sa so ill	813-841-4218										
$\overline{}$	Finai retur Amended	n/terminated	F Gro	F Group Exemption									
		n pending	Wimauma, Florida 33598	Nu	mber >	*							
-		ting Method:	✓ Cash Accrual Other (specify) ►	H Check	▶ Vi	f the organization is not							
	Vebsite		softhelittlemanatee.org			ach Schedule B							
J T	ax-exen		ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527)-EZ, or 990-PF).							
_			✓ Corporation ☐ Trust ☐ Association ☐ Other										
		(2011년) (1 12 12일 일당 - 22 22 22 22 22 22 22 22 22 22 22 22 2	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets									
			are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢								
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t		ctions	for Part I)							
	41.		the organization used Schedule O to respond to any question in this Pal										
	1		ns, gifts, grants, and similar amounts received		<u> </u>	50.00							
	2		rvice revenue including government fees and contracts		2								
	3		o dues and assessments	A 45 150	3	175.00							
	4	Investment			4	173.00							
				2 2 2	4								
	5a				-								
	b		or other basis and sales expenses										
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c								
	6	A	I fundraising events										
Revenue	а		me from gaming (attach Schedule G if greater than										
Ver	b		ne from fundraising events (not including \$of contribut	ions									
Re			ising events reported on line 1) (attach Schedule G if the										
		sum of such	n gross income and contributions exceeds \$15,000) 6b	6601.00)								
	С	Less: direct	expenses from gaming and fundraising events 6c	2053.17	7								
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract									
		line 6c) .			6d	4547.83							
	7a	Gross sales	of inventory, less returns and allowances	5260.76	6								
	b	Less: cost of	of goods sold	3446.83	3								
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1813.93							
	8	Other reven	ue (describe in Schedule O)		8	1465.53							
	9	Total rever	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	8052.29							
	10	Grants and	similar amounts paid (list in Schedule O)		10								
	11	Benefits pa	d to or for members		11								
S	12	Salaries, oth	ner compensation, and employee benefits		12								
Expenses	13	Professiona	I fees and other payments to independent contractors		13								
be	14	Occupancy	rent, utilities, and maintenance		14								
Ĕ	15	U	olications, postage, and shipping		15								
	16	10 00 00 50 00	nses (describe in Schedule O)		16	5057.77							
	17		nses. Add lines 10 through 16		17	5057.77							
10	18	Excess or (c	deficit) for the year (Subtract line 17 from line 9)		18	2994.52							
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must ag			ASSET OF THE PARTY OF THE PARTY.							
\ss			figure reported on prior year's return)		19	20966.70							
et /	20		ges in net assets or fund balances (explain in Schedule O)		20								
ž	21	GENERAL PROPERTY.	or fund balances at end of year. Combine lines 18 through 20		21	23961.22							

Pai						
	Check if the organization used Schedule	e O to respond to a				
				(A) Beginning of year		End of year
22	Cash, savings, and investments			20966.70	22	23961.22
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of colum	n (B) must agree wit	h line 21)		27	23961.22
Par		nplishments (see th	ne instructions for P	art III)		
	Check if the organization used Schedule	e O to respond to a	ny question in this F	Part III		Expenses ed for section
What	t is the organization's primary exempt purpose?	To support and impro	ve the Little Manatee R	iver State Park		and 501(c)(4)
as m	cribe the organization's program service accompneasured by expenses. In a clear and concise rons benefited, and other relevant information for e	manner, describe the each program title.	e services provided,	the number of	organiza others.)	ations; optional for
28	Held several fundraising events to provide funds for nee	eded park projects. Ove	500 people attended th	nese events.		
			ants, check here .		28a	2053.17
29	Provided materials and support for community outreach	events and program to	increase awareness of	f the park		
	and provide education to the community. Over 600 peo	ple participated in these	programs and events.			
	(Grants \$) If this amoun	t includes foreign gr	ants, check here .	▶ 📙	29a	1923.82
30	Direct support for park operational needs, trail maintena	ance and equipment an	d infrastructure repair a	nd enhancement		
						0704.04
			ants, check here .	🕨 📙	30a	2731.94
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gr	ants, check here .	▶ 📙 📗	31a	
10000	Total program service expenses (add lines 28a	through 31a)		🕨	32	6708.93
10000	t IV List of Officers, Directors, Trustees, and Ke	ey Employees (list eac	h one even if not comp	ensated—see the in	structio	ons for Part IV)
10000	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ko Check if the organization used Schedul	ey Employees (list eac		ensated—see the in	structio	ons for Part IV)
10000	t IV List of Officers, Directors, Trustees, and Ke	ey Employees (list eac	h one even if not comp	nensated—see the in Part IV	struction	ons for Part IV)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title	ey Employees (list each e O to respond to a (b) Average hours per week	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Par Bob Pres	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail	ey Employees (list eace e O to respond to a b) Average hours per week devoted to position	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail ratary	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail ratary n Ruddeforth	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Pres Sand Secr Briar Trea Judy	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail eatary n Ruddeforth surer	ey Employees (list eace e O to respond to a b) Average hours per week devoted to position	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail ratary n Ruddeforth surer y Everidge	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)
Bob Presi Sand Secri Briar Trea Judy Vice Cath	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul (a) Name and title Bradley ident dy Fail atary n Ruddeforth surer v Everidge president ny Norse	ey Employees (list eace e O to respond to a (b) Average hours per week devoted to position 3 3 3	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struction	ons for Part IV)

The section 4912 bit the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0. 33	Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
133 Dut 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. 134 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 or Schedule O (see instructions) 135a 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)? 135b If the organization becomes of \$50,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 135c If the organization is control of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 136b If the organization dependent of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 137c International organization becomes the organization subject to section 933(9) notices. 137c International organization because of the organization subject to section 933(9) notices of the free year? If "Yes," complete Schedule O. Part II II. 137a International organization because of the organization of the section 93(9) profits of the organization free year? If "Yes," complete Schedule I. Part II and enter the total amount involved 137a If If yes organization organizations. Enter amount of the tax year covered by this return? 138a If If yes organizations because of the organization during the year undersection 94(1) organizations. Enter amount of tax misposed on organization in a prior year that has not been reported on any of its prior forms 990 or 990-EZ? If "Yes," complete Schedule I. Part II and enter the total amount of tax incorposed on organization in a prior year that has not been reported on any of its prior forms 990 or 990-E	-	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	s ran		No
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (See instructions) 34			33	103	√
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" bine 35s, has the organization is de Form 990-ft the year? if "Yes," provide an explanation in Schedule O c Was the organization as 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. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions \(\begin{array}{c} \frac{37a}{37a} \end{array} \) b Did the organization file Form 1120-POL for this year? 38b Did the organization floer form 9120-POL for this year? 38b Did the organization floer form 9120-POL for this year? a hittation fees and capital contributions included on line 9. 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911-P : section 4912-P : section 4912-P : section 4911-P : section 4912-P : section 4911-P : section 4912-P : section 4911-P : section 4912-P : section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and fling the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and fling the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization in an organization section organization in a signature or other authority ov		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		√
c 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 sphilation, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization file Form 1120-POL for this year? 37b Did the organization florow 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? 37c J Sab Did the organization brown 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? 37b J Sab Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 38a J Sab Gross receipts, included on line 9, for public use of club facilities 39b Gross receipts, included on line 9, for public use of club facilities 39b Gross receipts, londed on line 9, for public use of club facilities 39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, orl did it nogage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b J Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization magnates or disqualided persons during the year under sections 4912, 4955, and 4956. 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and prior year that has not been reported on the foreign country within the meaning account in a foreign country leaves the	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		1
c 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 sphilation, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization file Form 1120-POL for this year? 37b Did the organization florow 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? 37c J Sab Did the organization brown 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? 37b J Sab Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 38a J Sab Gross receipts, included on line 9, for public use of club facilities 39b Gross receipts, included on line 9, for public use of club facilities 39b Gross receipts, londed on line 9, for public use of club facilities 39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, orl did it nogage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b J Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization magnates or disqualided persons during the year under sections 4912, 4955, and 4956. 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and prior year that has not been reported on the foreign country within the meaning account in a foreign country leaves the			35b		
during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 50 50 50 50 50 50 50 5	С	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	35c		1
b Did the organization file Form 1120-POL for this year? 38a 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? 38b 38c		during the year? If "Yes," complete applicable parts of Schedule N	36		√
ablid 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 If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 . 39a 39a 39b 39					
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9. 39a 5 Gross receipts, included on line 9, for public use of club facilities 39b 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4915 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I or Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization have a complete form 8886-T List the states with which a copy of this return is filed ▶ Florida 1 List the states with which a copy of this return is filed ▶ Florida 1 Located at ▶ 1800 I Sul Shiy 400 Vimmauma, Fl. ZIP + 4 ▶ 33568 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 accountly? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c ✓ If "Yes," enter the name o	b 38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
a Initiation fees and capital contributions included on line 9 (arose receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886F-T. Located at ▶ 18001 S US Hwy 301 Winnaums, Fi. Located at ▶ 18001 S US Hwy 301 Winnaums, Fi. 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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization orgarized on portanger in any transa		If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		
b Gross receipts, included on line 9, for public use of club facilities . 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4915 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T List the states with which a copy of this return is filed ▶ Florida Located at ▶ 18001 S US Hwy 301 Wimauma, Fl. Located at ▶ 18001 S US Hwy 301 Wimauma, Fl. Located at ▶ 18001 S US Hwy 301 Wimauma, Fl. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Ye					
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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 List the states with which a copy of this return is filed ▶ Florida 1 List the states with which a copy of this return is filed ▶ Florida 1 Located at ▶ 180015 SUS Hwy 301 Wimauma, Fl. 2 IP + 4 ▶ 33598 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; located at the received of the foreign country; ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 42c ✓ 42c ✓ 43d Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . 44d Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . 44d Did the organization have a co	b 40a	Gross receipts, included on line 9, for public use of club facilities			
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶ e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 40e ✓ 41 List the states with which a copy of this return is filed ► Florida 42a The organization's books are in care of ► Brian E. Ruddeforth Located at ► 19001 S US Hwy 301 Wimauma, FI. 42b 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; lef "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 42c ✓ 43b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Did the organization have 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		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b		1
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T. 41 List the states with which a copy of this return is filed ▶ Florida 42a The organization's books are in care of ▶ Brian E. Ruddeforth Telephone no. ▶ 813-841-4218 Located at ▶ 18001 S US Hwy 301 Wimauma, Fl. 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Florida The organization's books are in care of ▶ Brian E. Ruddeforth Located at ▶ 18001 S US Hwy 301 Wimauma, Fl. 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a 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		40c reimbursed by the organization			
The organization's books are in care of ▶ Brian E. Ruddeforth Located at ▶ 18001 S US Hwy 301 Wimauma, FI. ZIP + 4 ▶ 33598 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	е	transaction? If "Yes," complete Form 8886-T	40e		1
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 33598 Yes No 42b ✓ At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 32 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			040.04	4 404	
the 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes Note that the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42a				8
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	h	Located at 18001 S US Hwy 301 Wimauma, Fl. 2IP + 4	330	POTOS .	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		103	√
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
and enter the amount of tax-exempt interest received or accrued during the tax year	С	If "Yes," enter the name of the foreign country: ▶	42c		√
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
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		Bill it was the second if "Vee " Form 000 must be		Yes	NO
c Did the organization receive any payments for indoor tanning services during the year?		completed instead of Form 990-EZ	44a		1
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		completed instead of Form 990-EZ			1
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 	c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			V
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	45a		45a		1
	2	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45b		1

46	Did t	he organization engage, directly or in indidates for public office? If "Yes," o	ndirectly, in political complete Schedule C	ampaign activities on	behalf of or	in oppositi	on 46	Yes	No
Part	Maria Change	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sch	s only s must answer que	stions 47-49b and	52, and con			or line	-
47 48 49a b 50	year? Is the Did to If "Ye Com	he organization engage in lobbying of If "Yes," complete Schedule C, Part organization a school as described in the organization make any transfers to es," was the related organization a seplete this table for the organization's oyees) who each received more than	t II	i)? If "Yes," complete ritable related organi: on?	Schedule E zation?	rs, director	47 48 49a 49b rs, trustee	Yes es, and one."	√ √ √
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions to benefit plans, as compens	employee nd deferred	(e) Estimated other com		
N/A No	o emplo	yees							
f 51	Comp \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ Name and business address of each independ	s five highest compensions. If there is no	ensated independent			received	ness exercise	than
d 52	Did t	number of other independent contra					a ▶ ✓ Yes		No
	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than bignature of officer Brian E. Ruddeforth, Treasurer Type or print name and title		ying schedules and stateme	ents, and to the b	est of my kno	wledge and		
Paid Prepa Use (Only	Print/Type preparer's name Brian E. Ludde for R Firm's name Firm's address discuss this return with the preparer	Preparer's signature shown above? See in		-30-18	Check ☐ i self-employe			10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

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

Friends of the Little Manatee River Park, Inc.		59-3442343
Part 1 Line 8: income from laundry machines		
Part 1 Line 16:		
Administrative expenses	\$ 402.01	
Park outreach and educational programs and events	\$ 1923.82	
Park direct support expenses	\$ 1821.47	
Park equipment and infrastructure	\$ 910.47	
Total	\$ 5057.77	
		<u></u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990 or Form 990-EZ.

2017 **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number Friends of the Little Manatee River Park, Inc. 59-3442343 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving a 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Schedule A (Form 990 or 990-EZ) 2017 Page 2 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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 80 486 170 225 961 2 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 639 15000 15000 14763 45402 719 Total. Add lines 1 through 3. . . . 15486 15170 14988 46363 The portion of total contributions by person (other unit governmental or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 46363 Section B. Total Support **(b)** 2014 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 719 15486 15170 14988 46363 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.)

12	Gross receipts from related activities, etc. (see instructions)	12			
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years.	ear as	a section	501(c)(3))
	organization, check this box and stop here			▶	. [
Secti	on C. Computation of Public Support Percentage				
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)	14		100	%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15		100	%
16a	331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33	31/3%	or more, c	heck this	3
	box and stop here. The organization qualifies as a publicly supported organization			▶	[·

Total support. Add lines 7 through 10

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

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 qualifies as a publicly
	supported organization

3	Private foundation	ı. If th	ne or	rgar	nizat	ion	did	nc	ot cl	hec	k a	bo) XC	on l	ine	13	, 1	6a,	16	o,	17a	, 01	r 17	b,	che	eck	th	is b	юх	an	d s	ee		
	instructions		•														ė		150								÷						>	

46363