Florida Department of Environmental Protection



CITIZEN SUPPORT ORGANIZATION 2018 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization	n (CSO) Name:	Friends of Ravine Gardens Inc.	
Mailing Address:	PO Box 246 Palatk	ka, Florida 32177	

 Telephone Number:
 386-329-3721
 Website Address (if applicable):
 N/A

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 Friends of Ravine Gardens State Park Inc. is a not for profit corporation functioning as a citizen support organization on behalf of Ravine Gardens State Park. Its primary functions are to generate additional resources and support in the best interest of the park through events and activities including memberships, community outreach, special work projects, educational activities, interpretive programs, and fundraising activities including requesting and receiving donations and grants.

Brief Description of the CSO's Results Obtained:

The Friends of Ravine Gardens had a productive year raising more than \$13,668.21 and contributing more than 1723.60 volunteer hours. Despite many activities having to be canceled or altered due to Hurricane Irma and the damage that resulted, the CSO held a number of special events and programs. The CSO once again supported the annual Air Potato Rodeo and National Public Lands Day, in which the Friends provided volunteers to manage the events and provided lunch for the participants. This year the CSO supported the park's new Halloween Spooktacular, along with the returning Caroling the Ravines Event. The CSO also supported the park's annual Azalea Day Festival, assisting with vendors and brining in volunteers. The Azalea Days Event was extreamly successful this year, despite not being able to offer wagon tours. The CSO continued to support other annual programs include the ECO Adventure Days, the Bat House Building Workshop and the Bird House Building Workshop. The Friends of Ravine Gardens also continue to raise funds through several different resale options. They continued to manage the vending machine and raised \$3838.95 worth of revenue. They also continued to rent chairs for private events, which results in approximately \$1272.00 worth of revenue.

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

Goals include organizing the CSO's recruitment process and working on recruiting new members. The CSO will continue to support the annual events and interpretive programming at the park and will help to focus on improving these events and programs. The CSO will continue to support the park with minor purchases and services, including working on the interpretive signage of the park.

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

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

FRIENDS OF RAVINE GARDENS, INC.

CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of FRIENDS OF RAVINE GARDENS, 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 Ravine Gardens board members, officers, and employees in the performance of their official duties.

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

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Application	for Automatic	Extension	of Time	То	File	an
	Exempt Orga	nization R	eturn			

OMB No. 1545-1709

Enter filer's identifying number, can instructions

Department of the Treasury
Internal Revenue Service

(Rev. January 2017)

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enterme	r's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	FRIENDS OF RAVINE GARDENS INC	59-3322898
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	P O BOX 246	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	PALATKA, FL 32178	

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

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т	elephone No. (947) 533-6522 Fax No. 			
	the organization does not have an office or place of business in the United States, check this box			
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this is	
for th	ne whole group, check this box		and attach	а
list v	vith the names and EINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until 11/15 , 20 18 , to file the extension	empt	organization return	
	for the organization named above. The extension is for the organization's return for:			
	► X calendar year 20 <u>17</u> or			
	▶ tax year beginning, 20, and ending		, 20	
2	If the tax year entered in line 1 is for less than 12 months, check reason:	nal re	eturn	
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0
	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO an	d Forr	m 8879-EO for	
paym	ient instructions.			

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

Form 8868 (Rev. 1-2017)

Form	99	0-	ΕZ
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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No. 1545-1150

2016

Department of the Treasury Internal Revenue Service

	(except private foundations)
•	Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 17,286 For Paperwork Reduction Act Notice, see the separate instructions. Form 990–EZ (2016)	Net	20	Other changes i	n net assets or fund balances (explain in Schedule O)				
For Paperwork Reduction Act Notice, see the separate instructions.		21	Net assets or fu	nd balances at end of year. Combine lines 18 through 20				
		aperwo	ork Reduction A	ct Notice, see the separate instructions.				

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Form 990-EZ (2016) FRIENDS OF	RAVINE GARDI	ENS 59-3322	898		Page
Part II Balance Sheets (see the instruc	tions for Part II)				
Check if the organization used Sched	lule O to respond to an	y question in this Part II			
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			11,782	22	17,428
23 Land and buildings			0	23	(
24 Other assets (describe in Schedule O)			0	24	(
25 Total assets			11,782	25	17,428
26 Total liabilities (describe in Schedule O) .			0	26	(
27 Net assets or fund balances (line 27 of col Part III Statement of Program Ser	lumn (B) must agree w	vith line 21)	11,782	27	17,428
	vice Accomplishr	nents (see the instruction	ns for Part III)		Expenses
Check if the organization used Sche What is the organization's primary exempt purpose Describe the organization's program service accor as measured by expenses. In a clear and concise persons benefited, and other relevant information 28 SEE ATTACHMENT #2	e? <u>SUPPORT</u> & mplishments for each of manner, describe the a	EDUCATION		501 orga	quired for section (c)(3) and 501(c)(4) anizations; optional others.)
(Grants \$) If this am	ount includes foreign g	rants, check here	▶□	28a	1,501
(Grants \$) If this arrow	ount includes foreign gr	rants, check here		29a	
(Grants \$) If this amo		ants, check here		30a	
31 Other program services (describe in Schedule					
(Grants \$) If this amo	ount includes foreign gr	ants, check here	· · · · · · · · · · · · · · · · · · ·	31a	
Total program service expenses (add lines 2 Part IV List of Officers, Directors, Trustee	8a through 31a)	· · · · · · · · · · · · · · · · · · ·	•••••••	32	1,501
	s, and Key Employee	s (list each one even if not	compensated se	e the	instructions for Part IV)
Check if the organization used Scher	(b) Average hours per week	(C) Reportable compensation (Forms W-2/1099 – MISC)	(d) Health benefit contributions to employee benefit pla	s, ans,	(e) Estimated amount of other compensation
SEE ATTACHMENT #3	devoted to position	(if not paid, enter -0-)	and deferred compens	ation	
	1997 - C				
					······································
<u> </u>					

Contraction of	m 990-EZ (2016) FRIENDS OF RAVINE GARDENS 59-3322898			Page
P	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33				s No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
250	change on Schedule O (see instructions)	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			1
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1	X
b	in res, to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	,	X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1	1
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	a res, complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities			
l0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4912			
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			in Localita
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
ы	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T.	40e		Х
1	List the states with which a copy of this return is filed NONE.	L		
za	The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no. ►			
L	ZIP + 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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?	42c		Х
	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			
a	Did the organization maintain any descent like is a set of the set		Yes	No
a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
b	completed instead of Form 990-EZ.	44a		Х
~	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
^	completed instead of Form 990-EZ.	44b		Х
с -	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
u	res to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an			
2	explanation in Schedule O	44d		
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
D	Jid the organization receive any payment from or engage in any transaction with a controlled entity within the			
	neaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		Х
A	16 990EZ3 BWF 990 Form Software Copyright 1996 - 2017 HBB Tax Group Inc.	000		

	5 WF 990	Form Software Copyright 1996 – 2017 HRB Tax Group	, Inc.
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Form 990-EZ (2016)

	n 990-EZ (2016)							Pag
46	Did the organization engage, directly or indirectly	م معاللا مع						Yes
	Did the organization engage, directly or indirectly, i	n political ci Sebedule C	ampaign a	ctivities on behalf of	or in opposition			
Pa	to candidates for public office? If "Yes," complete S art VI Section 501(c)(3) organization	s only	Part I	• • • • • • • • • • • • • • • • • • • •			46	
	All section 501(c)(3) organizations must a		tions 17-	10b and E2 and ear	oplata the tables for	Parameter		
	50 and 51.	anower que	500115 47-2	190 and 52, and cor	npiete the tables for	lines		
	Check if the organization used Schedule	O to respo	nd to any o	nuestion in this Part				
			id to unj t		vi		• • • • • • • •	Yes
47	Did the organization engage in lobbying activities o	r have a see	ction 501(h) election in effect d	uring the tax			Tes
	year? If "Yes," complete Schedule C, Part II			, 			47	
48	Is the organization a school as described in section	170(b)(1)(A	(ii)? If "Ye	es," complete Sched	ule E		48	
49a	Did the organization make any transfers to an exem	npt non-cha	ritable rela	ted organization? .			49a	
b	If "Yes," was the related organization a section 527	organizatio	ı?				49b	
50	Complete this table for the organization's five highe	st compens	ated emplo	oyees (other than of	icers, directors, trus	tees, and	d kev	-I
	employees) who each received more than \$100,000) of comper	sation fror	n the organization. I	there is none, enter	r "None."	,	
	(a) Name and title of each employee	(b) Av	erage Der week	(c) Reportable compensation (Forms	(d) Health benefits	contrib-		ated amou
NICI			to position	W-2/1099-MISC)	utions to employee plans, and defer compensation	red		ompensatio
NOI	NE							
		_		4				
				ACCO. ACCO.				
f 1	Total number of other employees paid over \$100,00 Complete this table for the organization's five highes	st compensa	ated indep	endent contractors v	- vho each received n	nore thar	1	
f 51		st compensation there is non	ated indepo e, enter "N	endent contractors v lone." (b) Type of service	- vho each received n		n mpensatior	1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indepo	lone."	vho each received n			1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indepo	lone."	vho each received n			1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indepo e, enter "N	lone."	who each received n			1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indepo	lone."	vho each received n			1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indep	lone."	vho each received n			1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indep	lone."	vho each received n			1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indepo	lone."	vho each received n			1
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indepo	lone."	vho each received n			
	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont	st compensation there is non	ated indep	lone."	vho each received n			1
f 51 NON	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont IE	st compensa there is non	e, enter "N	lone." (b) Type of service	vho each received n			1
d	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont IE	st compensa there is non tractor receiving o	e, enter "N	lone." (b) Type of service				1
d 2	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A	st compensa there is non tractor receiving o Il section 50	e, enter "N	(b) Type of service (b) Type of service	ch a	(c) Cor		
d 2	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor receiving o Il section 50	e, enter "N	lone." (b) Type of service	ch a	(c) Cor	mpensatior	5 N(
d d	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor receiving o Il section 50	ver \$100,0 11(c)(3) org	lone." (b) Type of service (b) Type of service 00	ch a	(c) Cor	mpensatior	5 N(
d 2	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor receiving o Il section 50	ver \$100,0 11(c)(3) org	lone." (b) Type of service (b) Type of service 00	ch a	(c) Cor	mpensatior	5 N(
d 2 nder p	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor receiving o Il section 50	ver \$100,0 11(c)(3) org	lone." (b) Type of service (b) Type of service 00	ch a	(c) Cor	mpensatior	5 N(
d d 2	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A penalties of perjury, I declare that I have examined this return, irrect, and complete. Declaration of preparer (other than office Signature of officer	st compensa there is non tractor receiving o Il section 50	ver \$100,0 11(c)(3) org	(b) Type of service (b) Type of service 00	ch a s, and to the best of my is any knowledge.	(c) Cor	mpensatior	5 N(
d d 2	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor receiving o Il section 50	ver \$100,0 11(c)(3) org	lone." (b) Type of service (b) Type of service 00	ch a s, and to the best of my is any knowledge.	(c) Cor	mpensation	5 N(
d d 2	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor tractor tractor including accord r) is based on	ver \$100,0 ver \$100,0 (1(c)(3) org all informati	(b) Type of service (b) Type of service 00	ch a s, and to the best of my is any knowledge.	(C) Cor	mpensation ► X Yes ge and belie Date	5 N
d d i2 inder p ive, cc	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor receiving o Il section 50	ver \$100,0 ver \$100,0 (1(c)(3) org all informati	(b) Type of service (b) Type of service 00	Ch a s, and to the best of my is any knowledge. RER Check	(C) Cor	mpensation ► X Yes ge and belie Date PTIN	s No
d d Sign lere	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If if (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor tractor tractor including accord r) is based on	ver \$100,0 ver \$100,0 (1(c)(3) org all informati	(b) Type of service (b) Type of service 00	ch a s, and to the best of my s any knowledge. RER Check _ self- empl	(c) Cor	mpensation X Yes ge and belie Date DTIN 0185(s No.
d d Sign lere	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If i (a) Name and business address of each independent cont IE Total number of other independent contractors each Did the organization complete Schedule A? Note: A completed Schedule A	st compensa there is non tractor tractor tractor including accord r) is based on	ver \$100,0 ver \$100,0 (1(c)(3) org all informati	(b) Type of service (b) Type of service 00	ch a s, and to the best of my s any knowledge. RER Check _ self- empl	(c) Cor (c) Cor (knowledg if F loyed P ► 593	mpensation ► X Yes ge and belie Date PTIN	s No. No. No. No. No. No. No. No.

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(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

		Complet	4947(a)(1) nonex	empt charit	:)(3) organiz able trust.	ation or a section	2016
Depa	rtment of the Treasury		Attach to Form				Open to Public
	nal Revenue Service	Information	about Schedule A (Form 990 or 99	0–EZ) and its i	instructions is a	at www.irs.gov/form990.	Inspection
	e of the organizatio	on					dentification number
	IENDS OF R	AVINE GARD	ENS INC			59-332	2898
A COMPANY OF THE OWNER.	rt I Reason	for Public Cha	rity Status (All organizatio	ons must coi	mplete this p	art) See instructions	
The	organization is not a	private foundation b	ecause it is: (For lines 1 throu	ugh 12, chei	ck only one l	oox.)	
1	A church, conve	ention of churches, c	or association of churches dea	scribed in se	ection 170(b)(1)(A)(i).	
2	A school describ	bed in section 170(b)(1)(A)(ii). (Attach Schedule	E (Form 99	0 or 990-EZ).)	
3	A hospital or a c	cooperative hospital	service organization describe	d in sectio	n 170(b)(1)(/	A)(iii).	
4	A medical resea	rch organization ope	erated in conjunction with a h	ospital desc	ribed in se	ction 170(b)(1)(A)(iii), E	Enter the hospital's name
5	An organization	operated for the ber	nefit of a college or university	owned or o	perated by a	a governmental unit des	cribed in section
	1/U(D)(1)(A)(IV).	. (Complete Part II.)					0.00 8.00 - 52
6	A federal, state,	or local government	or governmental unit describ	ed in section	on 170(b)(1)	(A)(v).	
7	An organization	that normally receive	es a substantial part of its sup	port from a	government	al unit or from the gener	ral public described in
		(A)(VI). (Complete	Part II.)			5	1
8	A community tru	st described in sect	tion 170(b)(1)(A)(vi). (Compl	ete Part II.)			
9	An agricultural re	esearch organization	described in section 170(b)	(1)(A)(ix) op	perated in co	njunction with a land-g	rant college
	or university or a	non-land-grant col	llege of agriculture (see instru	ctions). Ente	er the name,	city, and state of the co	llege or
	university:						
10	An organization	that normally receive	es: (1) more than 33 1/3% of i	ts support fr	rom contribu	tions, membership fees	, and gross
	receipts from act	ivities related to its e	exempt functionssubject to	certain exce	ptions, and	(2) no more than 33 1/3	% of its
	support from gro	ss investment incom	ne and unrelated business tax	kable incom	e (less sectio	on 511 tax) from busines	ses
	acquired by the	organization after Ju	ne 30, 1975. See section 50	09(a)(2). (Co	mplete Part	III.)	
11	An organization of	organized and opera	ated exclusively to test for put	olic safety. S	ee section !	509(a)(4).	
12	An organization of	organized and opera	ated exclusively for the benefi	t of, to perfo	orm the funct	ions of, or to carry out t	he
	purposes of one	or more publicly sup	oported organizations describ	ed in sect	ion 509(a)(1) or section 509(a)(2).	See section 509(a)(3)
		lines 12a through 1	2d that describes the type of	supporting	organization	and complete lines 12e	12f. and 12g
а	I ype I. A supp	orting organization of	operated, supervised, or cont	rolled by its	supported o	organization(s), typically	by giving the
	supported orga	anization(s) the powe	er to regularly appoint or elec	t a majority	of the directo	ors or trustees of the sup	oporting organization.
	You must com	plete Part IV, Sect	ions A and B.				
b	U Type II. A sup	porting organization	supervised or controlled in co	onnection w	ith its suppo	rted organization(s), by	having control or
	management o	t the supporting org	anization vested in the same	persons tha	t control or n	nanage the supported o	organization(s).
_		plete Part IV, Secti					
С		onally integrated. A	supporting organization ope	erated in cor	nnection with	, and functionally integr	ated with, its
ام		inization(s) (see instr	ructions). You must comple	te Part IV, S	Sections A,	D, and E.	
u		unctionally integra	ted. A supporting organizatio	n operated i	in connectior	n with its supported org	anization(s) that is
	not functionally	integrated. The orga	anization generally must satist	fy a distribut	ion requirem	nent and an attentivenes	s requirement
		s). You must comp	lete Part IV, Sections A and	D, and Par	rt V.		
e		If the organization re	eceived a written determinatio	on from the I	RS that it is	a Type I, Type II, Type I	II functionally
f	Enter the number	ype III non-function	ally integrated supporting org	anization.			
	Provide the following	or supported organiz	zations	• • • • • • • • • •	• • • • • • • • • • •		
<u>g</u>			t the supported organization(
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(IV) Is the	organization in your	(V) Amount of monetary	(vi) Amount of other
	-		above (see instructions))	governing	g document?	support (see instructions)	support (see instructions)
(A)				Yes	No		
(B)							
(C)							
(D)			8				
(E)							
1-1			1		1	1	

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

Schedule A (Form 990 or 990-EZ) 2016

Total

Schedule A (Form 990 or 990-EZ) 2016 FRIENDS OF RAVINE GARDENS 59-3322898

 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.)

Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	.(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") · · · · · · · ·	8,611	6,010	12,090	18,055	8,936	53,702
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	10,200	26,126	14,231	10,328	16,976	77,861
4	Total. Add lines 1 through 3	18,811	32,136	26,321	28,383	25,912	131,563
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						131,563
Sec	tion B. Total Support			I			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	18,811	32,136	26,321	28,383	25,912	131,563
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		\bigcirc				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		9		E.		
11	Total support. Add lines 7 through 10						131,563
12	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the orga	inization's first, se	cond, third, four	th, or fifth tax ye	ar as a section 5	01(c)(3)	
	organization, check this box and stop here						
	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2016 (line 6, colu	umn (f) divided by	y line 11, column	(f))		14 1	00.00%
15	Public support percentage from 2015 Schedule					15	%
16a	33 1/3% support test 2016. If the organizat and stop here. The organization qualifies as a	ion did not check publicly supporte	the box on line organization	13, and line 14 i	s 33 1/3% or mo	ere, check this bo	× · · · · · ▶ ×
b	33 1/3% support test 2015. If the organizat box and stop here. The organization qualifies	ion did not check as a publicly supj	a box on line 13 ported organizati	3 or 16a, and line	e 15 is 33 1/3% (or more, check th	nis · · · · · ▶ □
17a	10%-facts-and-circumstances test 2016. more, and if the organization meets the "facts-a organization meets the "facts-and-circumstance"	and-circumstance	es" test, check th	his box and sto	phere. Explain	in Part VI how th	or e · · · · · · ▶ ∏
b	10%-facts-and-circumstances test 2015. more, and if the organization meets the "facts-a	If the organizatio	n did not check es" test, check th	a box on line 13 his box and sto	, 16a, 16b, or 17 n here Explain	a, and line 15 is	e .
18	organization meets the "facts-and-circumstance	es lest. The orga	anization qualifie	s as a publicly s	upported organi	zation	
FDA	Private foundation. If the organization did not 16 990A2 BWF 990 Form Software Copy			17a, or 17b, ch	and the second se	and the second	and the second se
	16 990A2 BWF 990 Form Software Copy	rignt 1996 – 2017 H	ны Tax Group, Inc.		Schedule /	A (Form 990 or 9	990-EZ) 2010

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
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at your iss any form 900.	Open to Public Inspection
Name of the organization		entification number
	VINE GARDENS INC 59-3322	
PART I, LINE ETC	16 - INCLUDES PARK IMPROVEMENTS COST, MAINTENAN	CE EXPENSE

PART 1, LINE 20 - TO ADJ P/Y BANK BALANCE

2016 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III OPEN TO PUBLI¢	
INSPECTION For calendar year 2016, or tax period beginning	, and ending
Name of Organization	
FRIENDS OF RAVINE GARDENS INC	Employer Identification Number
Primary Purpose	
SUPPORT & EDUCATION	

2016 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART II	I
INSPECTION For calendar year 2016, or tax period beginning	, and ending
Name of Organization	Employer Identification Number
FRIENDS OF RAVINE GARDENS INC Part III - Statement of Program Service Accomplishments	59-3322898
Grants and allocations Amount includes foreign grants	
Exempt Purpage Ashieven	Program service expenses 1,501
HOSTED AN ANNUAL AIR POTATO RODEO WHICH REMOVE PLANTS FROM THE PARK. HOSTED A SUMMER CAMP PRO EDUCATION TO LOCAL STUDENTS GRADES 3RD-5TH.	TO A TARGE THEORY
Form Software Copyright 1996 - 2017 HBB Tax Groups Jac	

2016 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV OPEN TO PUBLIC

INSPECTION For calendar year 2016, or ta	ov povied by the state			
Name of Organization		, and	ending	
FRIENDS OF RAVINE GARDEN	<u>S INC</u>		<u>59-33228</u>	tification Number
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
JOAN TURNAGE PRESIDENT	15.00	0		0
DUFFY ANDRIS VICE PRESIDENT	5.00	0	0	0
JOAN GRAY TREASURER	2.00	0	0	0
STEVE HALE SECRETARY	2.00	0	0	0
DUANE MUNN DIRECTOR	2.00	0	0	0
SHANN PURINTON DIRECTOR	1.00	0	0	0
FELICIA NELSON DIRECTOR	1.00	0	0	0
Gr				

2016 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A OPEN TO PUBLIC
INSPECTION For calendar year 2016, or tax period beginning
Name of Organization
FRIENDS OF RAVINE GARDENS INC
Part V - Line 42a 59-3322898
Individual Name
or
Business Name:
Street Address
1000 IWIGG STREET
U.S. Address:
Zip code 32177 City PALATKA
or State FL
State FL.
or State <u>FL</u> Foreign Address
or State FL
or State <u>FL</u> Foreign Address City
or State <u>FL</u> Foreign Address
or Foreign Address City Province or State
or Foreign Address City Province or State
or Foreign Address City Province or State Country
or Foreign Address City Province or State Country
or Foreign Address City Province or State Country Postal code
or Foreign Address City Province or State Country Postal code
or State FL Foreign Address City Province or State Country Postal code
or Foreign Address City Province or State Country Postal code

2016 DETAIL STATEMENTS

FRIENDS OF RAVINE GARDENS INC 59-3322898

STATEMENT #1 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)	
TAX PREPARATION FEES	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13	
	200
STATEMENT #2 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)
POSTAGE	,
TOTAL CARRIED TO 990 EZ PG 1 LINE 15	489
STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16)	
MEETING	
8,877	
TOTAL CARRIED TO EOEZ PG 1 LINE 16	,628

PAGE 1