**Florida Department of Environmental Protection** 



## CITIZEN SUPPORT ORGANIZATION 2017 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization	n (CSO) Name:	Friends of Ravine Gardens Inc.
Mailing Address:	PO Box 246 Palatka,	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 \$23,000 and contributing more than 1300 volunteer hours. The CSO held a number of special events including the annual Air Potato Rodeo in which the Friends provided volunteers to manage the event and provided lunch for the participants. This past year's Caroling the Ravines event was an overwhelming success brining in over \$3,000 in revenue. The CSO also supported the park's annual Azalea Day Festival, assisting with vendors and brining in volunteers. The CSO continued to support other annual events include the 3K/6K race, the Azalea 12/24 hour race, ECO Adventure Days, the Bat House Building Workshop and National Public Lands Day. The Friends of Ravine Gardens also continue to raise funds through several different resale options. They continued to manage the vending machine and raised \$4,596.15 worth of revenue. They also continued to rent chairs for private events, which results in approximately \$2,223.00 worth of revenue. The Friends of Ravine Gardens also supported the park in numerous ways. They helped to purchase a number of items throughout the year that greatly assisted the park.

#### **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. This includes implementing a website based recruitment tool and improving their recruitment process and member participation through several member's only events. 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.



# Florida Department of Environmental Protection

Ravine Gardens State Park 1600 Twigg Street Palatka, Florida 32177 Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

> Ryan E. Matthews Interim Secretary

May 17, 2017

To: Larry Fooks, Bureau Chief, District 3

CC: Kristin Zimmerman , District 3 PPDS Friends of Ravine Gardens Inc.

The Friends of Ravine Gardens continues to be a tremendous asset to both the park and the community. Their hard work and dedication are truly appreciated by park management, staff visitors and members of the community.

The Friends of Ravine Gardens had a productive year raising more than \$23,000 and contributing more than 1300 volunteer hours. The CSO held a number of special events including the annual Air Potato Rodeo in which the Friends provided volunteers to manage the event and provided lunch for the participants. This past year's Caroling the Ravines event was an overwhelming success, raising over \$3000 in revenue. The CSO also supported the park's annual Azalea Day Festival, assisting with vendors and brining in volunteers. The CSO continued to support other annual events include the 3K/6K race, the Azalea 12/24 hour race, ECO Adventure Days, the Bat House Building Workshop and National Public Lands Day.

The Friends of Ravine Gardens also continue to raise funds through several different resale options. They continued to manage the vending machine and raised \$4500 worth of revenue. They also continued to rent chairs for private events, which results in approximately \$2200 worth of revenue.

Goals for 2017 include organizing their recruitment process and working on recruiting new members. This includes implementing a website based recruitment tool. The CSO will continue to support the annual events at the park and will help to focus on improving these events. Recruitment of members and volunteers should be the top priority this year. The CSO is also interested in assisting with the purchasing of interpretive signage this year.

Respectfully,

Terri Newmans, Park Manager

Friends of Ravine Gardens, Inc. PO Box 246 1600 Twigg Street Palatka, FL 32177

May 16<sup>th</sup>, 2017

To: Florida Department of Environmental Protection Re: 2017 Annual Report

As the new president of the Board of Directors of Friends of Ravine Gardens, Inc., I am currently reviewing all the information provided prior to my tenure and working with the State Park Staff to continue this strong partnership and grow it even stronger.

Hosting events that benefit Ravine Gardens included: The Air Potato Rodeo, Azalea Days, ECO Adventure Days, 3K/6K Costume Run, 12/24 Hour Race, and Caroling the Ravine. These events not only bring visitors to the park, but build a sense of community pride in this wonderful natural and historic state park that is now part of the National Bartram Trail.

We will continue our commitment to the events/programs above, and are committed to building strong relationships with the community by offering a Business Membership beginning July 1, 2017. We are re-evaluating how we attract and build our volunteer base by offing new Members Only Programs and have committed to hosting a BBQ, an ice cream social, and a Holiday Party. We are also reviewing all our promotional materials and will have a new logo to represent RGSP. Board members will be in the park once per month for offer refreshments to the visitors to promote CSO Membership. With social media being the way of the future, we hope to implement more communication by seeking a professional assistance – Wild Apricot. Community Outreach is also on the agenda for this year as we continue to look for ways to partner with the town of Palatka, service organizations, and Putnam County as a whole

Our fund raising efforts have been successful and we continue to look to building not only the financial status of the CSO, but a volunteer base for time / talent support of the park staff.

I have come to enjoy this wonderful state asset in so many ways and I look forward to continued service and support of the Staff of Ravine Gardens State Park.

Most sincerely. Andris Duffy, President

Friends of Ravine Gardens, Inc.

A nonprofit 501(c)3 Citizen Support Organization to support Ravine Gardens State Park

## Citizen Support Organization Statement of Accomplishments and Goals

This statement is part of the Citizen Support Organization's (CSO's) Annual Financial Report (see Chapter 5: Section 7) of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization. Report the accomplishments for the CSO's past fiscal year and goals for the upcoming year.

Name of the CSO	Friends of Ravine Gardens, Inc.
CSO Address (CSO's	s Permanent Address) 1600 Twigg St.
City, State, Zip Code	Palatka, Florida 32177
• • • • •	omplishments from the period of January 2016 through December 2016 is as

A summary of CSO accomplishments from the period of <u>January 2016</u> through <u>December 2016</u> is as follows:

Estimated Total Volunteer Hours 1341.5

**Total Volunteer Hours:** Include CSO officers, board members, and general members.

Total Membership 30

**Total Membership:** The current number of members in good standing at the end of the CSO's fiscal year including officers, board members, and general members. When totaling the number of members in the CSO, typically individuals and corporate members are counted as "one (1)" member. Family, patron, or not for profit organization members are counted as "two (2)" members.

#### List of CSO Board Members

Attach a current list of board members' and officers' names, addresses, phone numbers, and email addresses in order of position title.

#### Summary of Accomplishments (Attach additional pages as needed)

Provide a report of the CSO's short term and long term accomplishments for the past year, according to the Annual Program Plan. These accomplishments will support the CSO's mission statement and will illustrate support of the park's expressed needs.

The Friends of Ravine Gardens had a productive year raising more than \$23,000 and contributing more than 1300 volunteer hours. The CSO held a number of special events including the annual Air Potato Rodeo in which the Friends provided volunteers to manage the event and provided lunch for the participants. This past year's Caroling the Ravines event was an overwhelming success brining in over \$3,000 in revenue. The CSO also supported the park's annual Azalea Day Festival, assisting with vendors and brining in volunteers. The CSO continued to support other annual events include the 3K/6K race, the Azalea 12/24 hour race, ECO Adventure Days, the Bat House Building Workshop and National Public Lands Day. The Friends of Ravine Gardens also continue to raise funds through several different resale options. They continued to manage the vending machine and raised \$4,596.15 worth of revenue. They also continued to rent chairs for private events, which results in approximately \$2,223.00 worth of revenue. The Friends of Ravine Gardens also supported the park in numerous ways. They helped to purchase a number of items throughout the year that greatly assisted the park.

Summary of Goals or Priorities for the Upcoming Fiscal Year (Attach additional pages as needed)

Build on the accomplishments from the CSO's past reporting year and include new goals voted on by the board and approved by the Park Manager for the upcoming year. Projected time frames for multiple year projects, like Partnership in Parks projects, will be provided. The CSO should attach the CSO's signed Annual Program Plan for the upcoming year to this statement.

Goals for 2017 include organizing their recruitment process and working on recruiting new members. This includes implementing a website based recruitment tool and improving their recruitment process and member participation through several member's only events. 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.

### **Board Member List**

Andris Duffy \*\*Pres. 113 Greenwillow Lane St. Augustine, FL 32086

Joan Turnage \*\*Vice Pres. 2023 Moseley Avenue Pakatka, FL 32177

Joan Gray \*\*Treas. 118 Cedar Street San Mateo, FL 32187

Karen Munn \*\*Sec. 6655 Yelvington Road East Palatka, FL 32131

Shann Purinton\*\*Board Mbr. 121 Peniel Church Rd. Palatka, FL 32177

Buffalo (Duane) Munn \*\*Board Mbr. 6655 Yelvington Road East Palatka, FL 32131

Vickie Duke \*\*Board Mbr. 105 Carriage Terrace Palatka, FL 32177 andrisduffy@gmail.com 847-522-6522 cell

386-325-0368

<u>jhg4561@gmail.com</u> 386-325-6466 cell

kquigbrgn@aol.com 904-704--8991 386—328—3589 Home

shannpurinton@gmail.com 386-325-9585

buffsadle@aol.com 904-699-7759

Prozac1979@aol.com 386-546-8106

## Citizen Support Organization Statement on Value of Contributed Services

This statement reports on services provided to the Citizen Support Organization (CSO) from park staff support and in-kind support for the past fiscal year. The statement is part of the CSO's Annual Financial Report described in Chapter 5: Section 7 of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization.

This Value of Contributed Services for a park is provided to the CSO by the park or District through the Park Programs Development Specialist. Note, the Division of Recreation and Parks operates on a cash-based method of accounting.

Park Name: Ravine Gardens State Park

Park Address: 1600 Twigg St. Palatka, Florida 32177

Name of the CSO: Friends of Ravine Gardens Inc.

A summary of contributed services from the period of <u>January 2016</u> through <u>December 2016</u> is as follows:

#### **Park Staff Support**

The total number of hours contributed in staff support services converted to a monetary amount.

The park contributed a total of  $\underline{\$16,976.30}$  in staff support services to the CSO.

#### **Park Facilities Support**

The total amount of water, electric, and utility expenses used to support CSO events, concessions, etc.

The CSO received a total of  $\underline{\$ 0}$  in park facilities support.

#### **In-Kind Support**

The CSO receives additional services outside of the park staff contributed hours called in-kind services. In-kind services are a type of charitable giving in which, instead of money, a person contributes some kind of service, good, or commodity. Examples are professional services of a lawyer, accountant, or any professional or the estimated value of a good or commodity.

The CSO received a total of  $\underline{\$ 0}$  in in-kind support services.

#### List of Program Services

Federal charitable 501(c)(3) organizations are required to report total expenses and revenue for each program service. According to the IRS, a program service is any activity by the organization which accomplishes its charitable purposes.

For *each* program service provide a description, total expense, and total revenue. For *each* program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate).

**Program Service Description:** <u>Air Potato Rodeo – Collected invasive and exotic air potatoes</u> with over 95 volunteers and 15 CSO members participating.

Total Expense \$1,232.01 Total Revenue \$325.00

Program Service Description: Black History Event to promote history and culture.

Total Expense \$250.00 Total Revenue \$129.00

**Program Service Description:** <u>Held a wedding expo brining in vendors and showcasing the</u> wedding possibilities at the park.

Total Expense \$347.70 Total Revenue \$1518.00

**Program Service Description:** <u>Azalea Days – two-day historic event promoting the history of the park and boosting community involvement.</u>

Total Expense \$334.91 Total Revenue \$1686.59

**Program Service Description:** <u>ECO Adventure Days Summer Camp – two, one week long</u> <u>summer camp for the 3-5<sup>th</sup> graders with lunch provided. Each camp accommodated up to 30</u> <u>students.</u>

Total Expense \$268.29 Total Revenue \$375.00

**Program Service Description:** <u>3K/6K Costume Run – although the numbers were low this year,</u> everyone who participated enjoyed the event and notes have been made to try and increase numbers next year.

Total Expense \$1558.95 Total Revenue \$2331.70

**Program Service Description:** <u>Azalea 12/24 Hour Race – a partnership to provide a fit and</u> <u>healthy opportunity for the community.</u>

Total Expense \$2,200 Total Revenue \$7110

**Program Service Description:** <u>Caroling the Ravines – a popular community event that brings in</u> visitors from surrounding areas.

Total Expense \$773.94 Total Revenue \$3054.36

**Program Service Description:** <u>National Public Lands Day – an event that promote stewardship</u> of our public lands with an exotic removal day resulted in 25 volunteers removing exotic plants from the park.

Total Expense \$102.07 Total Revenue \$0.00

**Program Service Description:** <u>Gopher Tortoise Meeting – Assisted with hosting the national</u> gopher tortoise meeting.

Total Expense \$0.00 Total Revenue \$200.00

Program Service Description: Chair Rental – rental of chairs to those having events at the park.

Total Expense \$105.00 Total Revenue \$2,223.00

**Program Service Description:** <u>Vending Machine – providing vending services to visitors of the park.</u>

Total Expense \$2956.12 Total Revenue \$4,596.15

#### **Total Program Services**

Provide a total amount for all program expenses and a total amount for all program revenue.

CSO total program service expenses <u>\$10,128.99</u> CSO total program service revenues <u>\$23,548.80</u> H AND R BLOCK 1807 REID ST PALATKA FL 32177 3863258600

59-3322898 FRIENDS OF RAVINE GARDENS INC

INSTRUCTIONS FOR FILING 2016 FEDERAL FORM 990-EZ

.YOU HAVE ELECTED TO E-FILE FEDERAL FORM 990-EZ

Form <b>8879–EO</b>	IRS e-file Signa	ature Authorization		
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Name and title of officer			522090	
	ASURER			
Part I Type o	f Return and Return Information (Wr	ole Dollars Only)		
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Form 8879-EO (2016)

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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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Normal binganzation:       ▲ Corporation       ☐ Trust       ▲ add lines 50, ed., and 7b to line 9 to determine gross receipts: are \$200,000 or more, or if total assets (Part II, column (B), below) are \$500,000 or more, file Form 990 instead of Form 990-EZ       ▶ \$ 23,021         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)           Check if the organization used Schedule 0 to respond to any question in this Part I           1 Contributions, gifts, grants, and similar amounts received         4         1 Contributions, gifts, grants, and similar amounts received         4         1 Revenue, income         4         1 Revenue income         4         1 Loss from sale of assets other than inventory         5a         5b         5c         5c         5a         6 Garning and fundraising events         6a         5b         5c         5c         5c				eck only one) X 501(c)(3) 501(c)( ) ◀ (insert no.) 494	47(a)(1) or			
Colomit (b) Delow) are solution fore, like Form sign instead of Form 990-EZ       ▶ \$ 23,021         Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifs, grants, and similar amounts received       1       8,831         2       Program service revenue including goverment fees and contracts       2       3       120         4       Investment income       4       3       120         5a       Gross amount from sale of assets other than inventory       5a       5b       5c         6       Garing and fundraising events       6a       5c       5c         6       Garing and fundraising events (subtract line 5b from line 5a)       5c       5c         5       Corses income from garning (attach Schedule G if greater than stores cost of goods sold.       6b       14,070         6       Dess: oter of (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Ta       7c       8       9       15,792         9       To crose soles of inventory, less returns and allowances       7a       7c       8         10       Grants and similar amounts p					Other			0-11).
Colomit (b) Delow) are solution fore, like Form sign instead of Form 990-EZ       ▶ \$ 23,021         Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifs, grants, and similar amounts received       1       8,831         2       Program service revenue including goverment fees and contracts       2       3       120         4       Investment income       4       3       120         5a       Gross amount from sale of assets other than inventory       5a       5b       5c         6       Garing and fundraising events       6a       5c       5c         6       Garing and fundraising events (subtract line 5b from line 5a)       5c       5c         5       Corses income from garning (attach Schedule G if greater than stores cost of goods sold.       6b       14,070         6       Dess: oter of (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Ta       7c       8       9       15,792         9       To crose soles of inventory, less returns and allowances       7a       7c       8         10       Grants and similar amounts p	LA	Add line	es 5b, 6c, and 7t	to line 9 to determine gross receipts. If gross receipts are	\$200,000 or	more, or if total asse	ts (Part II	
Bevenue,       Evenue,       Evenue,       Add Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       Image: Check if the organization used Schedule O to respond to any question in this Part I       Image: Check if the organization used Schedule O to respond to any question in this Part I         3       Membership dues and assessments       2       2         4       Investment income       3       120         5       Gross amount from sale of assets other than inventory       Sa       Sb       5c         6       Garing and fundraising events       Sa       Sc       Sc         6       Gross income from gaming (attach Schedule G if greater than St5,000)       Image: Schedule C if the sum of such gross income and contributions events (not including \$\sigma of contributions from (attach Schedule G if the sum of such gross income and contributions events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross income and fundraising events (attach Schedule G if the sum of such gross attach schedule O)       Image: Check and the		Joiumn	(b) below) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			2	23.021
Click inter organization base Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts proceived       1       8,831         2       Program service revenue including government fees and contracts       2       2         3       Membership dues and assessments       3       120         4       Investment income       4         5a       Gross mount from sale of assets other than inventory       5a         5       Gross income from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Gaming and fundraising events       6a         a       Gross income from gaming (attach Schedule G if greater than sof such gross income and contributions exceeds \$15,000)       5b       14,070         c       Less: cost of goods soid       of contributions       from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       5b       14,070         c       Gross silces of goods soid       7a       7b       7c         a       Other revenue (describe in Schedule O)       10       11       11         12       States of inventory, less returns and allowances       7a       7b       7c         a       Other revenes (obs) from sales of inventory (Subtract lin	Pa	art I	nevenue, E	expenses, and Changes in Net Assets or Fi	und Balan	Ces (see the instru	ctions for Do	rt I)
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2       Program service revenue including government fees and contracts       2       3       120         3       Membership dues and assessments       3       120         4       Investment income       3       120         5       Gross amount from sale of assets other than inventory       5a       5a         5       Gross income there basis and sales expenses       5b       5c         6       Garning and fundraising events       6a       5c         9       Oress income from garning (attach Schedule G if greater than strong song and sevents (not including song events (atot line 5b) on fundraising events (atot line for fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions events (atot lines 6a and 6b and subtract line 6c)       6d       6, 841         7       Gross sprofts of (loss) from garning and fundraising events (atd lines 6a and 6b and subtract line 6c)       6d       6, 841         7       Gross profts of (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       8         8       Other revenue (describe in Schedule O)       8       9       15, 792         10       Grants and similar amounts paid (list in Schedule O)       10       11         12       Salaries, other compensation, and employee benefits       12       12         13       Profesional fe		1	continuutions,	gins, grants, and similar amounts received				
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Sa       Gross anount from sale of assets other than inventory       Sa       Sa         b       Less: cost or other basis and sales expenses       Sa       Sc         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       Sc         a       Gross income from gaming (attach Schedule G if greater than St, 50,00)       6a       Sc         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6c       7,229         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Cross sales of inventory, less returns and allowances       7a       7c         b       Less: cost of goods sold       7a       7b       7c         10       Grants and similar amounts paid (list in Schedule O)       10       11         11       Salaries, other compensation, and employee benefits       11       12         12       Salaries, other compensation, and employee benefits       11       13       2000         13       Professional fees and other payments to independent contractors       13       200       14         14       Other expenses (Add lines 10, shipping		4	Investment inc	ome				120
B       Less: cost or other basis and sales expenses       5c         C       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         B       Garning and fundraising events       6a         C       Gross income from gaming (attach Schedule G if greater than S15,000)       6a         D       Gross income from fundraising events (not including \$       of contributions from fundraising events (not including \$         D       Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7b       7c         B       Other revenue (describe in Schedule 0)       10       11       11         19       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13       2000         14       Occupancy, rent, utilities, and maintenance       14       13       2000         13       Cocupancy, rent, utilities, and maintenance       14       14       11         15       64/439       16       9, 6228       17       10, 317		5a	a Gross amount	from sale of assets other than inventory	5a			
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B       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       14,070         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       7a       7c         8       Other revenue (describe in Schedule O)       7a       7b       7c         9       Total revenue. (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       2000         14       46       9, 6228       16       9, 6228         17       Total expenses (describe in Schedule O)       15       489         14       489       17       10, 3177 <t< td=""><td></td><td>C</td><td>Gain or (loss)</td><td>rom sale of assets other than inventory (Subtract line 5b fr</td><td>om line 5a)</td><td></td><td>50</td><td></td></t<>		C	Gain or (loss)	rom sale of assets other than inventory (Subtract line 5b fr	om line 5a)		50	
St5.000       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       14,070         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7c         b       Less: cost of goods sold       7c         a       Other revenue (describe in Schedule O)       8       9       15,792         10       Grants and similar amounts paid (list in Schedule O)       10       11         11       Salaries, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       12         13       2000       14       489         14       15       489         15       0 Cucupancy, rent, utilities, and maintenance       11       13       2000         14       Discuss Add lines 10 through 16       17       10, 317       18       5, 475       19       11, 782       200       20       29       29       11, 782         15       Output atoins, postage, and shipping       16		6	Gaming and fu	indraising events	,			
St5.000       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       14,070         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7c         b       Less: cost of goods sold       7c         a       Other revenue (describe in Schedule O)       8       9       15,792         10       Grants and similar amounts paid (list in Schedule O)       10       11         11       Salaries, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       12         13       2000       14       489         14       15       489         15       0 Cucupancy, rent, utilities, and maintenance       11       13       2000         14       Discuss Add lines 10 through 16       17       10, 317       18       5, 475       19       11, 782       200       20       29       29       11, 782         15       Output atoins, postage, and shipping       16		a	Gross income	from gaming (attach Schedule G if greater than				
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sum of such gross income and contributions exceeds \$15,000)       6b       14,070         c       Less: direct expenses from gaming and fundraising events       6c       7,229         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7c       6d       6,841         9       Less: cost of goods sold       7c       8       9       15,792         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15,792         10       Grants and similar amounts paid (list in Schedule O)       10       11         12       Salaries, other compensation, and employee benefits       11       12         13       Professional fees and other payments to independent contractors       13       200         14       Octher expenses (describe in Schedule O)       14       15       489         14       Cocupancy, rent, utilities, and maintenance       11       12       13       200         15       Magen       16       Other expenses. Add lines 10 through 16       16       9,628         17       Total expenses. Add lines 10 through 16       17       10,317       18       5,475 </td <td>eve</td> <td>b</td> <td>Gross income</td> <td>from fundraising events (not including \$</td> <td></td> <td>ontributions</td> <td></td> <td></td>	eve	b	Gross income	from fundraising events (not including \$		ontributions		
sum of such gross income and contributions exceeds \$15,000)       6b       14,070         c       Less: direct expenses from gaming and fundraising events       6c       7,229         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7a       6d       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7c       6d       6d       6,841         9       Other revenue (describe in Schedule O)       7b       7c       7c       7c         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792       10         10       Grants and similar amounts paid (list in Schedule O)       10       11       12         12       Salaries, other compensation, and employee benefits       12       13       2000         14       Occupancy, rent, utilities, and maintenance       14       14       19       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475       18       5, 475         19       Net assets or fund balances at beginning of year. (from line 27, column (A)) (must agree with end-of-year figure reported on	Å					ontributions		
c       Less: direct expenses from gaming and fundraising events       6c       7, 229         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6, 841         7a       Gross sales of inventory, less returns and allowances       7a       7a       6d       6, 841         7a       Gross sales of inventory, less returns and allowances       7a       7c       6d       6, 841         b       Less: cost of goods sold       7c       8       9       15, 792         9       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792         10       Grants and similar amounts paid (list in Schedule O)       10       10         11       Easiaries, other compensation, and employee benefits       11       12         12       Salaries, other compensation, and employee benefits       12       13       2000         14       Occupancy, rent, utilities, and maintenance       14       15       489         16       Other expenses (describe in Schedule O)       16       9, 628       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 4775       19       11, 782         20       Other changes in net assets or fun			sum of such gr	oss income and contributions exceeds \$15,000)	6b	14.070		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7b         b Less: cost of goods sold       7b       7c         c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         9       Total revenue. (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792         10       Grants and similar amounts paid (list in Schedule O)       10       11         11       23       Salaries, other compensation, and employee benefits       11         12       Salaries, other compensation, and employee benefits       13       2000         14       14       15       489         15       Printing, publications, postage, and shipping       14       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317       18       Excess or (udeficit) for the year (Subtract line 17 from line 9)       18       5, 4775         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in		c	Less: direct exp	penses from gaming and fundraising events	60			
inne 6c)       6d       6,841         7a       Gross sales of inventory, less returns and allowances       7a       7b       7c         b       Less: cost of goods sold       7c       8       7c         8       Other revenue (describe in Schedule O)       8       9       15,792         10       Grants and similar amounts paid (list in Schedule O)       10       10         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       13       200         14       Occupancy, rent, utilities, and maintenance       14       15       489         16       Other expenses (describe in Schedule O)       16       9,628         17       Total expenses. Add lines 10 through 16       17       10,317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5,475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11,782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         21       Net assets or fund balances at end of year. Combine lines 18 through 20 <t< td=""><td></td><td>d</td><td>Net income or</td><td>(loss) from gaming and fundraising events (add lines 6a ar</td><td>nd 6b and su</td><td>htract</td><td></td><td></td></t<>		d	Net income or	(loss) from gaming and fundraising events (add lines 6a ar	nd 6b and su	htract		
7a       Gross sales of inventory, less returns and allowances       7a       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       200         14       Occupancy, rent, utilities, and maintenance       14       15         15       489       16       9, 628         17       Total expenses. (describe in Schedule 0)       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475         19       Net assets or fund balances at end of year. Combine lines 18 through 20       20       29         21       Net assets or fund balances at end of year. Combine lines 18 through 20 </td <td></td> <td></td> <td>line 6c)</td> <td></td> <td></td> <td>bildot</td> <td>6d</td> <td>6 0/1</td>			line 6c)			bildot	6d	6 0/1
b       Less: cost of goods sold       Tb         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       200         14       Occupancy, rent, utilities, and maintenance       14       15         15       Printing, publications, postage, and shipping       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 4775         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         21       Net assets or fund balances at end of year. Combine lines 18 through 2		7a	Gross sales of	inventory, less returns and allowances	7a	*****	00	0,841
c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792         10       Grants and similar amounts paid (list in Schedule O)       10       10         11       Benefits paid to or for members       10       11         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       200         14       Occupancy, rent, utilities, and maintenance       14       15         15       Printing, publications, postage, and shipping       15       489         16       Other expenses (describe in Schedule O)       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29 </td <td></td> <td></td> <td>Less: cost of go</td> <td>pods sold</td> <td>7b</td> <td></td> <td></td> <td></td>			Less: cost of go	pods sold	7b			
8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       200         14       Occupancy, rent, utilities, and maintenance       14       15         16       Other expenses (describe in Schedule O)       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       17, 286		c	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a	)		70	
9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       15, 792         10       Grants and similar amounts paid (list in Schedule O)       10       11         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       13       200         14       Occupancy, rent, utilities, and maintenance       14       14       15       489         16       Other expenses (describe in Schedule O)       16       9, 628       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317       18       5, 475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Cther changes in net assets or fund balances (explain in Schedule O)       20       29         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       17, 286         Forr Paperwork Reduction Act Notice, see the separate instructions.       Form 990-EZ (2016)       Form 990-EZ (2016)		8	Other revenue	(describe in Schedule O)				
10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       11         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       14         16       Other expenses (describe in Schedule O)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21         21       17, 286         For Paperwork Reduction Act Notice, see the separate instructions.       Form 990–EZ (2016)		9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				15 702
11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       200         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       14         16       Other expenses (describe in Schedule O)       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         21       17, 286         For Paperwork Reduction Act Notice, see the separate instructions.		10	Grants and sim	ilar amounts paid (list in Schedule O)				±J, 192
12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       200         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       14         16       Other expenses (describe in Schedule O)       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         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.		11	Benefits paid to	or for members				
15       Printing, publications, postage, and shipping       14         16       Other expenses (describe in Schedule O)       15       489         16       Other expenses. Add lines 10 through 16       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         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.	ses	12	Salaries, other	compensation, and employee benefits				
15       Printing, publications, postage, and shipping       14         16       Other expenses (describe in Schedule O)       15       489         16       Other expenses. Add lines 10 through 16       16       9, 628         17       Total expenses. Add lines 10 through 16       17       10, 317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5, 475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11, 782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         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.	ens	13	Professional fee	es and other payments to independent contractors				200
15       Printing, publications, postage, and shipping       15       489         16       Other expenses (describe in Schedule O)       16       9,628         17       Total expenses. Add lines 10 through 16       17       10,317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5,475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11,782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         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.	Exp	14	Occupancy, rer	it, utilities, and maintenance				2.00
16       Other expenses (describe in Schedule O)       16       9,628         17       Total expenses. Add lines 10 through 16       17       10,317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5,475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11,782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         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.		15	Printing, publica	ations, postage, and shipping				489
17       Total expenses. Add lines 10 through 16       17       10,317         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5,475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11,782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         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.		16	Other expenses	(describe in Schedule O)				and the second se
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       5,475         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11,782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       29         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.		17	Total expenses	s. Add lines 10 through 16				
19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       11,782         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         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.	s	18	Excess or (defic	it) for the year (Subtract line 17 from line 9)				
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.	set	19	Net assets or fu	nd balances at beginning of year (from line 27, column (A)	) (must agree	with		5,115
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.	As		end-of-year fig	ure reported on prior year's return)			19	11,782
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
<b>26</b> 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 <b>28</b> 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 (a) Name and title	<b>(b)</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 <b>37a</b>			
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			
<b>^</b>	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					<b></b>	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	M			
			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 compensa 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 compensa 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	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	( <b>c</b> ) 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	( <b>c</b> ) 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	( <b>c</b> ) 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	( <b>c</b> ) 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	( <b>c</b> ) 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.	( <b>c</b> ) 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.	( <b>c</b> ) 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 ireceiving o Il section 50 including acco 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 ireceiving o Il section 50 including acco 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 ireceiving o Il section 50 including acco 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 CONTRACTOR OF	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	box.)	
1	A church, conve	ention of churches, c	or association of churches dea	scribed in <b>se</b>	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.)					
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	
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	ollege 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	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	111.)	
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	manage the supported o	organization(s).
_		plete Part IV, Secti					
С		onally integrated. A	supporting organization ope	erated in cor	nnection with	n, and functionally integr	ated with, its
		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	

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>(b)</b> 2013	(c) 2014	.( <b>d</b> ) 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.)				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, columr	(f))		14 1	00.00%
15	Public support percentage from 2015 Schedule					15	%
16a	<b>33 1/3% support test 2016.</b> If the organizat and <b>stop here.</b> 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 organizat	3 or 16a, and line	e 15 is 33 1/3% (	or more, check th	nis · · · · · ▶ □
17a	10%-facts-and-circumstances test 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test 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 is box and <b>sto</b>	, 16a, 16b, or 17 <b>n here</b> , 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 www.irc.cov/formaaco	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 PUBLIC	
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

Name of Organization       Employer Identification Nu         FRIENDS OF RAVINE GARDENS INC       59-3322898         Part III - Statement of Program Service Accomplishments       59-3322898         Grants and allocations       Amount includes foreign grants       Program service expenses         Exempt Purpose Achievements       Exempt Purpose Achievements       FROM THE PARK, HOSTED A SUMMER CAMP PROVES A LARGE AMOUNT OF INV	
Part III - Statement of Program Service Accomplishments       59-3322898         Grants and allocations       Amount includes foreign grants       Program service expenses	Imber
Grants and allocations       Amount includes foreign grants       Program service expenses         Exempt Purpose Achievements         HOSTED AN ANNUAL AIR POTATO RODEO WHICH REMOVES A LARGE AMOUNT OF INV         PLANTS FROM THE PARK, HOSTED A SUMMER CAME DROVUDENCE REMUTED OF INV	
HOSTED AN ANNUAL AIR POTATO RODEO WHICH REMOVES A LARGE AMOUNT OF INV PLANTS FROM THE PARK, HOSTED A SUMMER CAMP PROVIDENCE ENVIREMENT	
HOSTED AN ANNUAL AIR POTATO RODEO WHICH REMOVES A LARGE AMOUNT OF INV PLANTS FROM THE PARK, HOSTED A SUMMER CAMP PROVIDING ENVIRONMENTED IN	1,501
	JASIVE

# 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						
Name of Organization		, and	ending Employer Idea			
FRIENDS OF RAVINE GARDENS	5 INC			Employer Identification Number 59-3322898		
(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		
C) ×						

# 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 , and	
Name of Organization , and	ending .
FRIENDS OF RAVINE GARDENS INC	Employer Identification Number
Part V - Line 42a	59-3322898
Individual Name	
or	
Business Name:	
Street Address	
<u>1000</u> IWIGG :	STREET
U.S. Address:	
Zip code <u>32177</u> City PALATKA	State FL
or	State
Foreign Address	
Foreign Address	
City	
City Province or State	
City Province or State Country Postal code	
City Province or State Country Postal code	
City Province or State Country Postal code Phone Number	
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