



## Florida Department of Environmental Protection

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

Citizen Support Organization (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 bringing in over \$3,000 in revenue. The CSO also supported the park's annual Azalea Day Festival, assisting with vendors and bringing 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 bringing 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.

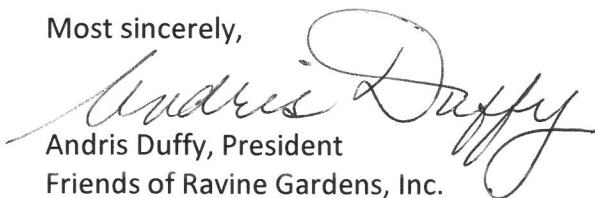
Hosting events that benefit Ravine Gardens included: The Air Potato Rodeo, Azalea Days, ECO Adventure Days, 3K/6K Costume Run, 12/24 Hour Race, and Caroling the Ravine. These events not only bring visitors to the park, but build a sense of community pride in this wonderful natural and historic state 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 offering 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 Permanent Address) 1600 Twigg St.

**City, State, Zip Code** Palatka, Florida 32177

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

**Estimated Total Volunteer Hours** 1341.5      **Total Membership** 30

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

**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

[andrisduffy@gmail.com](mailto:andrisduffy@gmail.com)  
847-522-6522 cell

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

386-325-0368

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

[jhg4561@gmail.com](mailto:jhg4561@gmail.com)  
386-325-6466 cell

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

[kquigbrgn@aol.com](mailto:kquigbrgn@aol.com)  
904-704--8991  
386—328—3589 Home

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

[shannpurinton@gmail.com](mailto:shannpurinton@gmail.com)  
386-325-9585

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

[buffsadle@aol.com](mailto:buffsadle@aol.com)  
904-699-7759

Vickie Duke \*\*Board Mbr.  
105 Carriage Terrace  
Palatka, FL 32177

[Prozac1979@aol.com](mailto: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 January 2016 through December 2016 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 \$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 \$ 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 \$ 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:** Air Potato Rodeo – Collected invasive and exotic air potatoes 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:** Held a wedding expo brining in vendors and showcasing the wedding possibilities at the park.

Total Expense \$347.70  
Total Revenue \$1518.00

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

Total Expense \$334.91  
Total Revenue \$1686.59

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

Total Expense \$268.29  
Total Revenue \$375.00

**Program Service Description:** 3K/6K Costume Run – although the numbers were low this year, 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:** Azalea 12/24 Hour Race – a partnership to provide a fit and healthy opportunity for the community.

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

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

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Total Expense \$773.94  
Total Revenue \$3054.36

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

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Total Expense \$102.07  
Total Revenue \$0.00

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

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Total Expense \$0.00  
Total Revenue \$200.00

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

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

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

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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 \$10,128.99  
CSO total program service revenues \$23,548.80

H AND R BLOCK  
1807 REID ST  
PALATKA FL 32177  
3863258600

59-3322898  
FRIENDS OF RAVINE GARDENS INC

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INSTRUCTIONS FOR FILING 2016 FEDERAL FORM 990-EZ

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

CLIENT COPY

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, &amp; ending \_\_\_\_\_, 20\_\_\_\_

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

2016

Name of exempt organization

FRIENDS OF RAVINE GARDENS INC

Employer identification number

59-3322898

Name and title of officer

JOAN GRAY TREASURER

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

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

1a	Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	
2a	Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	15,792
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) .....	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

## Officer's PIN: check one box only

☒ I authorize H AND R BLOCK

ERO firm name

to enter my PIN 22898 as my signature

Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III** Certification and Authentication

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

500230 18501

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

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

For Paperwork Reduction Act Notice, see the instructions.

Form 8879-EO (2016)

Form 990-EZ

Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

- ▶ 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](http://www.irs.gov/form990).

OMB No. 1545-1150

2016

**Open to Public  
Inspection**

**A** For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> Name of organization FRIENDS OF RAVINE GARDENS INC	<b>D</b> Employer identification number 59-3322898
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	<b>E</b> Telephone number (386) 329-3721
<input type="checkbox"/> Initial return	P O BOX 246	<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	PALATKA FL 32177	
<input type="checkbox"/> Application pending		

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 23,021

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	8,831
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	120
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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)	14,070
6c	Less: direct expenses from gaming and fundraising events	7,229	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6,841	
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	15,792	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	200
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	489
	16	Other expenses (describe in Schedule O)	9,628
	17	<b>Total expenses.</b> Add lines 10 through 16	10,317
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	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)	11,782
	20	Other changes in net assets or fund balances (explain in Schedule O)	29
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	17,286

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)



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

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

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

**Part V**

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .		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 change on Schedule O (see instructions) . . . . .		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		X
35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
35c 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 . . . . .		X
36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		X
b Did the organization file Form 1120-POL for this year? . . . . .		X
37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
38a If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		X
b 38b		
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 . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	40e	X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	42b	X
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	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here . . . . . ▶ <input type="checkbox"/>	43	
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . N/A.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

- b If "Yes," was the related organization a section 527 organization?

49b		X
-----	--	---

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

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

- f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer JOAN GRAY		Date	
	Type or print name and title TREASURER			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name OLENA SIRMANS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01850108
	Firm's name H AND R BLOCK	Firm's EIN 593513807		
	Firm's address 1807 REID ST	Phone no. 386-325-8600		
	May the IRS discuss this return with the preparer shown above? See instructions			

☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

FRIENDS OF RAVINE GARDENS INC

Employer identification number

59-3322898

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> 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
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	10,200	26,126	14,231	10,328	16,976	77,861
<b>4 Total.</b> Add lines 1 through 3	18,811	32,136	26,321	28,383	25,912	131,563
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						131,563

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	18,811	32,136	26,321	28,383	25,912	131,563
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						131,563
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test -- 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test -- 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test -- 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test -- 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

FRIENDS OF RAVINE GARDENS INC

Employer identification number

59-3322898

PART I, LINE 16 - INCLUDES PARK IMPROVEMENTS COST, MAINTENANCE EXPENSE  
ETC

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

CLIENT COPY

# 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

59-3322898

Primary Purpose

SUPPORT & EDUCATION

CLIENT COPY

# 2016 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, 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

59-3322898

## Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
		1,501

### Exempt Purpose Achievements

HOSTED AN ANNUAL AIR POTATO RODEO WHICH REMOVES A LARGE AMOUNT OF INVASIVE PLANTS FROM THE PARK. HOSTED A SUMMER CAMP PROVIDING ENVIRONMENTAL EDUCATION TO LOCAL STUDENTS GRADES 3RD-5TH.

CLIENT COPY

# 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 tax period beginning

, and ending

Name of Organization

FRIENDS OF RAVINE GARDENS 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	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

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 ending

Name of Organization

FRIENDS OF RAVINE GARDENS INC

Employer Identification Number

59-3322898

Part V - Line 42a

Individual Name ..... JOAN GRAY

or

Business Name:

Street Address ..... 1600 TWIGG STREET

U.S. Address:

Zip code 32177

City PALATKA

State FL

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

(386) 329-3721

Fax Number .....

(386) 325-2230



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STATEMENT #1 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

TAX PREPARATION FEES.....	200	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....		200

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STATEMENT #2 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

POSTAGE.....	218	
OFFICE EXPENSE.....	271	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15.....		489

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STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

MEETING.....	51	
EDUCATION.....	700	
IMPROVEMENTS.....	8,877	
TOTAL CARRIED TO EOEZ PG 1 LINE 16.....		9,628

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