

# Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2021 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Rails to Trails of the Withlacoochee Inc.
Mailing Address: PO Box 807, Inverness, FL 34451-0807
Telephone Number: (352) 754-4082
Website Address (*required if applicable*): https://www.fotwst.org
☑ Check to confirm your Code of Ethics is posted conspicuously on your website.

# **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.

# YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

# CSO's Mission:

A. To promote enhancements of the WST.

B. To promote the Withlacoochee State Trail for public use in bicycling, hiking, horseback riding and other recreational health, and educational pursuits befitting the compatible use of the resource.

C. To provide volunteer support for maintenance and development of the Withlacoochee State Trail.

# Describe Last Calendar Year's Results Obtained:

Annual Ride was cancelled due to COVID-19. Trail maintenance and repair with volunteers, was also impacted due to social distancing requirements. FDOT funding of over \$1 million to reconstruct and rehabilitate some of the worst sections of the trail was provided and work began. This effort will be long term and costly but long overdue. Maintained ranking on the MPO TA list as the number one priority. In conjunction with MPO and FDOT, the Dunnellon Underpass begin construction in July of 2020. This underpass will connect the Withlacoochee State Trail to the future Heart of Florida Loop as another Sun-Trail statewide trail connection.

# Describe the CSO's Plans for the Next Three Calendar Years:

A confirmed slate of officers and directors (some new, some old) was elected for the CSO. Goal is to expand membership to a younger demographic and encourage volunteer efforts as well. Engaged a private accountant to complete an assessment of CSO finances and bookkeeping. Continue to expand use of social media and website to promote Annual Ride and advertise volunteer opportunities on the trail.

## PARK & CSO RELATIONSHIP:

## Park Manager's Comments on the CSO & Park Relationship and Support:

- Everything has stayed the same from the previous year by keeping the trail clean and well maintained throughout the year especially during hurricane season.
- The CSO group fulfills their purpose to support the trail by increasing programs, meeting attendance and new ides to improve the community involvement.
- On the Annual Program Plan there are some big goals that cost a significant amount of money. The CSO group did accomplish most some of the smaller priced items even though we were mostly shut down in 2020 but are more than willing to consider the higher priced items as fundraising continues.
- The relationship between the trail staff and the CSO is good and with the new board seems to be going better than the last board. It's been a weird year for all due to Covid-19 but we have made great progress moving forward. We look forward to working with the CSO to continue to improve the trail for our visitors.

# CSO President's Comments on the CSO & Park Relationship and Support:

While not always agreeing on everything, I believe the relationship between the CSO and Park support has obviously benefitted the trail and the public. When the CSO and Park staff have identified areas that need attention, they have both worked together to make sure the issues are addressed, and problems remedied. One of the issues that the CSO continues to struggle with is the age of the volunteers. Many of the volunteers, as well as membership, are folks in their 70's and 80's. Performing the manual labor that is required for trail maintenance has simply worn down the volunteers to the extent that they felt they needed to hang their chainsaws up, before they became injured or impaired.

The work that the volunteers do for the trail is a source of great pride and one of the greatest traits of the WST. This is one area that needs a greater recruitment effort to enlist a younger membership and volunteers. We are making some headway in that effort, and hopefully will continue to do so.

# SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:

**Program Service Expenses** are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

- Building improvement, construction or renovations \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
  - Natural resources (e.g., native plants, natural lands restoration) \$600
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
  - Other facilities and landscape maintenance \$
  - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$1207.48
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
  - Big ticket visitor center exhibits or interpretation updates \$
    - Park exhibits, displays, signage \$

Park exhibits, displays, signage \$

Park publications, brochures, maps, etc. \$

Programing/interpretation supportmaterial purchases \$814.00

Other program services \$258.17

# Total Program Service Expenses \$1587.12

Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.) \$4308.50

#### Visitor Services Revenue

Park gift shops, craft stores and concession sales \$

- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$1028
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
  - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
    - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
      - In-park donation boxes \$
      - Other visitor services revenue \$
      - Total Visitor Services Revenue \$1028
        - Net Assets \$90661

#### **CSOAUDIT:**

# Total of Last Calendar Year's Expenses (including grants) \$4308.50

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (U.S. GAO <u>Yellow Book</u>) when the CSOs annual expenses are \$300,000 including grants. The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information	is complete to the best	of my knowledge pursuant to Section	on 20.058 Florida Statutes
Title	Name	Signature	Date
CSO President	Steve Diez	8204	5/19/21
Park Manager		CARL	5-19-21

X CSO's Code of Ethics is attached

X CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N Receipt. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent 990 and schedules.

# Model CSO Code of Ethics – June 2014

# Rails To Trails of the Withlacoochee, INC CODE OF ETHICS

## **PREAMBLE**

It is essential to the proper conduct and operation of Rails To Trails of the Withlacoochee,

#### INC

- (1) (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 Rails To Trails of the Withlacoochee, INC. board members, officers, and employees in the performance of their official duties.

## **STANDARDS**

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

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

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

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

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

#### 3. Salary and Expenses

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

# Model CSO Code of Ethics – June 2014

### 4. Prohibition of Misuse of Position

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

## 5. Prohibition of Misuse of Privileged Information

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

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

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

## 7. Prohibition of Employees Holding Office

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

# 8. Requirements to Abstain From Voting

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

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

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

Draft July 15, 2014 | To be adopted at next regularly scheduled board meeting [September 18, 2014 and approved by email vote July 30, 2014]

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Form	00	UO

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	Rails to Trails of the Withlacoochee, Inc.	59-3028987
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	PO Box 807	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Inverness FL 34451	

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

• The books are in the care of ▶ Natalie G. Oven, Esq.

Telephone No. ► (813) 336-3971	Fax No. ►
<ul> <li>If the organization does not have an office or place of busines</li> </ul>	s in the United States, check this box $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\blacktriangleright$
• If this is for a Group Return, enter the organization's four digit	Group Exemption Number (GEN) If this is
for the whole group, check this box $\ . \ . \ . \ \blacktriangleright \ \square$ . If it is for	part of the group, check this box $\overline{}$ $\blacktriangleright$ $\square$ and attach
a list with the names and TINs of all members the extension is f	or.

1 I request an automatic 6-month extension of time until <u>Nov 15</u>, 20 <u>21</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► X calendar year 20 20 or

tax year beginning	, 20	, and ending	, 20		
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2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
		-	0070	50 (

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

		Short Form		OMB No. 1545-0047
Form	99	dations)	2019	
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private four Do not enter social security numbers on this form, as it may be made public.		Open to Public
Depa	rtment of	the Treasury Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
	2000	019 calendar year, or tax year beginning , 2019, and ending		, 20
	heck if app		mployer ic	lentification number
	Address ch	ange Rails to Trails of the Withlacoochee, Inc. 5	9-302	8987
	Vame char	ge Number and street (or P.O. box if mail is not delivered to street address) Room/suite E T	elephone r	lumber
-	nitial return	PO BOX SOV	813)7	53-3350
-	Amended	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	
] /	Application		Number	
	/ebsite: ax-exem	www.rttwst.org requ	ired to at n 990, 99	if the organization is <b>no</b> tach Schedule B 0-EZ, or 990-PF).
		mn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		58,793
Pa	artl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst		
		Check if the organization used Schedule O to respond to any question in this Part I		🗵
		Contributions, gifts, grants, and similar amounts received	. 1	6,822
	1	Program service revenue including government fees and contracts	. 2	
		Membership dues and assessments	. 3	1,574
	4		. 4	489
		Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b	-	
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	
		Gaming and fundraising events:	. 50	
		Gross income from gaming (attach Schedule G if greater than		
ne		\$15,000)	-	
Hevenue	b	Gross income from fundraising events (not including \$ 200. of contributions	_	
He		from fundraising events reported on line 1) (attach Schedule G if the		
9		sum of such gross income and contributions exceeds \$15,000) 6b 40,12		
		Less: direct expenses from gaming and fundraising events 6c 20, 61.		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtraction for the second structure of the s	-	
			6d	19,515
		Gross sales of inventory, less returns and allowances		
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7,422
		Other revenue (describe in Schedule O)		1,422
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		35,822
		Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members	. 11	
es	12	Salaries, other compensation, and employee benefits	. 12	
Expenses		Professional fees and other payments to independent contractors		300
xb		Occupancy, rent, utilities, and maintenance		
ш		Printing, publications, postage, and shipping		
		Other expenses (describe in Schedule O)		29,210
-	17	Total expenses. Add lines 10 through 16	17	29,510 6,312
Net Assets		Excess or (dencit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wit		0,312
SS		end-of-year figure reported on prior year's return)	. 19	85,219
et /		Other changes in net assets or fund balances (explain in Schedule O)		00,217
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		91,531.
_		ork Reduction Act Notice, see the separate instructions. BAA REV 06/0		Form 990-EZ (2015

Part I					De te II		
_	Check if the org	anization used Schedule	e O to respond to ar		the second s	-	
					(A) Beginning of year	-	) End of year
		vestments			83,786.	22	85,95
					928.	23	2,23
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		ribe in Schedule O)			85,219.	26	91,53
27 N Part II		alances (line 27 of column Program Service Accom				21	91,00
r ar c m		anization used Schedule				1 - 1	Expenses
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Describ as mea	e the organization's p sured by expenses.	program service accompl In a clear and concise n	ishments for each o nanner, describe the	f its three largest pr			3) and 501(c)(4) ations: optiona
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		tate Trail (part of recreation system)		E			
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(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	timated amount
(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	ons for Part I
(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	ons for Part I
(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	timated amount
(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	ons for Part I
(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	ons for Part I
(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	timated amoun
(G 32 To Part IV Al Ca Presi Steve Vice Linda Treas Micha	rants \$ Dtal program service List of Officers, D Check if the org (a) Name a dent Diaz President Floyd Surer el Dolan	) If this amount expenses (add lines 28a Directors, Trustees, and Ke ganization used Schedule	t includes foreign gra through 31a) . y Employees (list each e O to respond to an (b) Average hours per week devoted to position 2.00 2.00	Ints, check here	Constant of the set of	32 instructio	ons for Part I

	0-EZ (2019)		_	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V.) Check in the organization used Schedule O to respond to any question in this	sran	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	33		×
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	34		×
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)?	35a		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		×
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	NT 1	×
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0. Did the organization file <b>Form 1120-POL</b> for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b         Section 501(c)(7) organizations. Enter:         Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities       39b         Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:         section 4911 ►       0. ; section 4912 ►       0. ; section 4955 ►       0.			
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		×
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		×
41	List the states with which a copy of this return is filed		<	22
428	The organization's books are in care of ▶ Natalie G. Oven, Esq. Telephone no. ▶ (81 Located at ▶ 2740 Windguard Circle Suite 102, Wesley Chapel FL ZIP + 4 ▶ 335	3/33	0-39	11
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)? If "Yes," enter the name of the foreign country >	42b	-	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country >	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	9.3		
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	Yes	No 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		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
_	Form 990-EZ. See instructions	45b	1.1	×

-	90-EZ (2019)					1	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes,"						x
Part		<b>s Only</b> as must answer que	estions 47–49b and	52, and complete the	-		
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during the	tax . 47		×
48	Is the organization a school as described i	n section 170(b)(1)(A)	(ii)? If "Yes," complete \$	Schedule E	. 48	3	x
49a	Did the organization make any transfers		the second			-	×
b	If "Yes," was the related organization a s				. 49	-	1
50	Complete this table for the organization's employees) who each received more that						
	(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) Estima other co	ited amo	
None	9						
			111	1			
	***************************************	· · · · · · · · · · · · · · · · · · ·					
		-					
f	Total number of other employees paid ov	ver \$100.000	•				
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	ensated independent	contractors who each	receive	d more	e tha
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice (c)	Compens	ation	
None	9		_		_		
******		••••••••	-				
			-				
d	Total number of other independent contr	actors each receiving	over \$100,000	•			
52	Did the organization complete Sched completed Schedule A		ection 501(c)(3) orga			es 🗆	No
	penalties of perjury, I declare that I have examined this	return, including accompa	nying schedules and stateme	ents, and to the best of my kn			
rue, co	prrect, and complete. Declaration of preparer (other that	in officer) is based on all in	formation of which preparer l	has any knowledge.			

Here	Natalie Owen, Preside	ent	Date	
	Type or print name and title			
Paid Preparer	Print/Type preparer's name Janice M Saltmarsh	Preparer's signature	932030 s	Check if PTIN elf-employed P00044934
Use Only	Firm's name > Humphrey & Sa	ltmarsh PL	Firm's E	IN ▶27-3264875
Use Only	Firm's address > 3600 E Gulf t	o Lake Hwy, Inverness, FL	34453 Phone n	10, (352)341-3449
May the IRS	discuss this return with the prepare	er shown above? See instructions .		🕨 🗙 Yes 🗌 No
				The second se

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses	Continuation Statement
Description	Amount
Trail maintenance	26,453.
Sales tax	225.
Bank fees	126.
Supplies	1,483.
Advertising & promotion	533,
Memberships	137.
Depreciation	253.
Total	29,210.

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

**Continuation Statement** 

Organization's Primary Exempt Purpose	
Maintenance and improvements of the	
46 mile Withlacoochee State Trail for	
the general use and enjoyment of the	
general public with no direct cost to them	

SCHEDULE A
(Form 990 or 990-EZ)

(D)

(E) Total

# **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-F7

	Allaci	10 F0111 99	U UI FUIII	990-EZ.	
in marine a.					Q

OMB No. 1545-0047 201 g

Departr	Revenue	e Service	•	Go to www.irs.gov/	Form990 for instructions	and the lat	est inform	ation.	Inspection
Name	of the o	rganization		100				Employer identification	n number
Rail	ls to			thlacoochee		_		59-3028987	
Par	tl	Reason	or Public Ch	arity Status (A	Il organizations must	t comple	te this p	art.) See instructio	ons.
The c 1 2 3 4		church, cor school dese hospital or medical res	vention of chur cribed in <b>sectio</b> a cooperative h	rches, or associa on <b>170(b)(1)(A)(ii</b> ospital service o tion operated in	t is: (For lines 1 through ation of churches descr ). (Attach Schedule E (F organization described i conjunction with a hos	ibed in se form 990 in section	or 990-E2 n 170(b)(1	0(b)(1)(A)(i). <sup>Z).)</sup> )(A)(iii).	(iii). Enter the
5		and the second sec	on operated fo		a college or university	owned o	r operate	d by a government	al unit described in
6 7	An	organizati	on that normal		rnmental unit described ostantial part of its sup lete Part II.)				n the general public
8		community	trust described	in section 170	(b)(1)(A)(vi). (Complete	Part II.)			
9	or	agricultura university o iversity:	l research orga or a non-land-g	nization describ rant college of a	ed in section 170(b)(1) griculture (see instruction	(A)(ix) op ons). Ente	erated in er the nam	conjunction with a l ne, city, and state of	and-grant college the college or
10	rec	pport from	activities relate gross investme	ed to its exempt i ent income and u	ore than 331/3% of its s functions – subject to c inrelated business taxa 975. See section 509(a	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha action 511 tax) from	n 331/3% of its
11		1	The second		lusively to test for publi				
12	An of	organization	on organized ar re publicly sup	id operated excl ported organizat	usively for the benefit o ions described in sect lescribes the type of su	f, to perfe ion 509(a	orm the fu	unctions of, or to calection 509(a)(2). Se	e section 509(a)(3)
а		the suppo	rted organizatio	on(s) the power t	ed, supervised, or contr to regularly appoint or e plete Part IV, Sections	elect a ma	jority of t		
b		control or	management o	of the supporting	vised or controlled in co organization vested in t IV, Sections A and C	the same			
c					orting organization ope tions). You must comp				ally integrated with,
d		that is not	functionally int	egrated. The org	supporting organizatior ganization generally mu complete Part IV, Sec	st satisfy	a distribu	ition requirement an	
e		Check this functional	s box if the orga y integrated, o	anization receive r Type III non-fur	ed a written determination actionally integrated su	on from the porting	he IRS that organizati	at it is a Type I, Type ion.	e II, Type III
f g		r the numb	er of supported	organizations	pported organization(s)				• • [
	(i) Nam	e of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)	_			-	-	Yes	No		
(B)	_	-	-						
				-		-			
(C)									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. BAA Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019 REV 06/02/20 PRO

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	1000				- AV	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	21,026.	4,535.	6,087.	6,110.	8,396.	46,154.
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	35,254.	55,736.	39,546.	62,558.	49,908.	243,002.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		3571201	5375101	02/0001		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			-		121	
6	Total. Add lines 1 through 5	56,280.	60,271.	45,633.	68,668.	58,304.	289,156.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b	1		-		-	289,156.
Secti	on B. Total Support						209,190.
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	56,280.	60,271.	45,633.	68,668.	58,304.	289,156.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	695.	832.	528.	1,031.	489.	3,575.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	695.	832.	528.	1,031.	489.	3,575.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	56,975.	61,103,	46,161.	69,699,	58,793.	292.731.
14	First five years. If the Form 990 is for the organization, check this box and stop here	e organization	's first, second	d, third, fourth,		ear as a sectio	n 501(c)(3)
Secti	ion C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2019 (line 8						98.78 %
16	Public support percentage from 2018 Sch					16	98.6 %
	ion D. Computation of Investment Inc			u line 10 antu		[ 47 ]	1 00 0/
17 18	Investment income percentage for 2019 (I Investment income percentage from 2018				1.00	17	1.22 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2019. If the organi 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	
	331/3% support tests-2018. If the organiz	ation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	331/3%, and
b	line 18 is not more than 331/3%, check this t	box and stop h	ere. The organ	zation qualifies	as a publicly s	upported organ	ization 🕨

Form 990-E 1 Indicate whether th a Ail solicitation b Internet and en c Phone solicitati d In-person solic 2a Did the organization or key employees I b If "Yes," list the 10 compensated at le (i) Name and address of or entity (fundraise 1 2	► G of the With g Activities. G Z filers are not he organization he organization hail solicitation ions itations on have a writt listed in Form	organization ento ► A to to www.irs.gov. hlacoochee Complete if th ot required to n raised funds ns een or oral agre 990, Part VII) o	red more than ttach to Form 9 <i>(Form 990 for in</i> ne organiza complete to through any e f g	\$15,000 on 390 or Form structions a tion answ this part. of the follo Solicitati	nd the latest informat vered "Yes" on F	ion. Employer identifie 59-3028987 Form 990, Part IV, heck all that apply. ment grants	
<pre>email Revenue Service ime of the organization ails to Trails o Part I Fundraising Form 990-E I Indicate whether th a</pre>	of the With g Activities. Z filers are not he organization he organization nail solicitation ions itations on have a writt listed in Form	to to www.irs.gov hlacoochee Complete if th ot required to n raised funds ns en or oral agre 990, Part VII) o	/Form990 for in , Inc. ne organiza complete to through any e f g	tion answ this part. of the folk Solicitati	nd the latest informat vered "Yes" on F owing activities. C ion of non-governi	Employer identified 59-3028987 Form 990, Part IV, heck all that apply. ment grants	Inspection cation number
ails to Trails o Part I Fundraising Form 990-E 1 Indicate whether th a Mail solicitation b Internet and en c Phone solicitati d In-person solic 2a Did the organization or key employees I b If "Yes," list the 100 compensated at le (i) Name and address of or entity (fundraise	g Activities. ( Z filers are not the organization ns nail solicitation ions itations on have a writt listed in Form	Complete if th ot required to n raised funds ns en or oral agre 990, Part VII) o	through any e complete through any e complete through any f complete the f complete the f complete the g complete the	this part. of the follo Solicitati Solicitati	owing activities. C ion of non-govern	59-3028987 Form 990, Part IV, heck all that apply. ment grants	
Fundraising Form 990-E         1       Indicate whether the a         1       Indicate whether the a         1       Indicate whether the b         1       Indicate whether the component and employed b         1       Internet and employed compensation or key employees if b         1       "Yes," list the 10 compensated at le         (i) Name and address of or entity (fundraise         1         2	g Activities. ( Z filers are not the organization ns nail solicitation ions itations on have a writt listed in Form	Complete if th ot required to n raised funds ns en or oral agre 990, Part VII) o	through any e complete through any e complete through any f complete the f complete the f complete the g complete the	this part. of the follo Solicitati Solicitati	owing activities. C ion of non-govern	Form 990, Part IV, heck all that apply. ment grants	
Form 990-E 1 Indicate whether th a Ail solicitation b Internet and en c Phone solicitati d In-person solic 2a Did the organization or key employees I b If "Yes," list the 10 compensated at le (i) Name and address of or entity (fundraise 1 2	Z filers are no he organization ns nail solicitation ions itations on have a writt listed in Form	ot required to n raised funds ns en or oral agre 990, Part VII) o	through any e f g	this part. of the follo Solicitati Solicitati	owing activities. C ion of non-govern	heck all that apply. ment grants	line 17.
<ul> <li>a Aail solicitation</li> <li>b Internet and en</li> <li>c Phone solicitation</li> <li>d In-person solic</li> <li>2a Did the organization or key employees I</li> <li>b If "Yes," list the 10 compensated at le</li> <li>(i) Name and address of or entity (fundraise</li> </ul>	ns nail solicitation ions itations on have a writt listed in Form	ns en or oral agre 990, Part VII) o	e [] f [] g []	Solicitat Solicitat	ion of non-governi	ment grants	
<ul> <li>b   Internet and en</li> <li>c Phone solicitati</li> <li>d In-person solic</li> <li>2a Did the organization or key employees I</li> <li>b If "Yes," list the 10 compensated at le</li> <li>(i) Name and address of or entity (fundraise</li> </ul>	nail solicitation ions itations on have a writt listed in Form	en or oral agre 990, Part VII) o	f 🗌 g 🗌	Solicitat			
<ul> <li>c Phone solicitation</li> <li>d In-person solic</li> <li>2a Did the organization or key employees I</li> <li>b If "Yes," list the 10 compensated at le</li> <li>(i) Name and address of or entity (fundraise</li> <li>1</li> <li>2</li> </ul>	ions itations on have a writt listed in Form	en or oral agre 990, Part VII) o	9 🗆		ion of government	and the second	
<ul> <li>d In-person solic</li> <li>2a Did the organizatic or key employees I</li> <li>b If "Yes," list the 10 compensated at le</li> <li>(i) Name and address of or entity (fundraise</li> <li>1</li> <li>2</li> </ul>	itations on have a writt listed in Form	990, Part VII) o		Special			
<ul> <li>2a Did the organization or key employees I</li> <li>b If "Yes," list the 10 compensated at le</li> <li>(i) Name and address of or entity (fundraise</li> <li>1</li> <li>2</li> </ul>	on have a writt listed in Form	990, Part VII) o	ement with a		iunuraising events		
or key employees I b If "Yes," list the 10 compensated at le (i) Name and address of or entity (fundraise	listed in Form	990, Part VII) o	ernent with a	any individ	tual (including offi	ore directors trust	2005
<ul> <li>b If "Yes," list the 10 compensated at le</li> <li>(i) Name and address of or entity (fundraise</li> <li>1</li> <li>2</li> </ul>		the second second second second	r entity in co				
or entity (fundraise			entities (fund		the second se	and the second	
2		(ii) Activity	(iii) Did fund custody or contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
2			Yes	No		500. W	
				1			
10 million (1997)							
3							
4							
5							
6							
7							
8							
9							
0							
otal	1.7.1.1						
		nization is regis	stered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt fro
**********						••••••••	•••••••
				munnan			
					****		
						******	*****
Paperwork Reduction Act M	Notice, see the In	structions for For		-			Form 990 or 990-EZ) 20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Annual bike ride	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	col. (c))
1 Nevenue	Gross receipts	40,327.			40,327.
2	Less: Contributions	200.			200.
3	Gross income (line 1 minus line 2)	40,127.			40,127.
4	Cash prizes	1			
5	Noncash prizes				
6 7 8	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses .	20,612.			20,612.
10					20,612.
11 Part II	Net income summary. Subtra				19,515.

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				10-0-0
ses	2	Cash prizes				
Exper	3	Noncash prizes	-			1
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				1
	6	Volunteer labor	☐ Yes% □ No	□ Yes% □ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac Net gaming income summar				
9	E Is	inter the state(s) in which the or the organization licensed to c "No," explain:	rganization conducts ga	ming activities:		🗌 Yes 🗌 No
10:		Vere any of the organization's g ""Yes," explain:	gaming licenses revoked	I, suspended, or termin	ated during the tax year	? . 🗌 Yes 🗌 No

(Form 990 or 990-EZ)	Supplemental Information to Form 9	90 or 990-EZ	OMB No. 1545-0047
Form 990 or 990-EZ or to provide any additional information.			
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest in</li> </ul>	nformation.	Open to Public Inspection
Name of the organization Rails to Trails of	the Withlacoochee, Inc.	Employer iden 59-3028	ntification number
		55 5020.	507
Pt I, Line 16:			
Description: Tra	il maintenance \$26,453		
Description: Sal	es tax \$225		
Description: Ban	k fees \$126		
Description: Sup	plies \$1,483		
Description: Adv	ertising & promotion \$533		
Description: Mem	berships \$137		
Description: Dep	reciation \$253		
Pt II, Line 24:			