



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION  
2019 LEGISLATIVE REPORT**  
(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Rails to Trails of the Withlacoochee, Inc. CSO

Mailing Address: P.O. Box 807, Inverness, FL 34451

Telephone Number: (352) 272-4801 Website Address (if applicable): http://rttwst.org

**Statutory Authority:**

**Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships.** In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

**Section 258.015, F.S., Citizen support organizations; use of property; audit.** In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

**CSO's Mission:**

To support the Withlacoochee State Trail. Our organization assists the Department of Environmental Protection, Division of Recreation and Parks by helping to develop, maintain and promote the Withlacoochee State Trail. Members volunteer their time and labor on projects such as building trail amenities, fund raising, trail maintenance, events and public education on the trail.

**Description of the CSO's Results Obtained:**

The CSO provide support for the goals of the State Trail, including maintenance, structure maintenance, new structure construction, vegetation planting, trail connections, trail publications and website communication.

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

The Board and the Withlacoochee State Trail plans for continued support and benefit in each of the next fiscal years as stated in the current results. We will support the trail's new connections, trail head improvements and will continue volunteer education on CSO agreements and the CSO Manual. We will also help to support the ADA upgrades planned for the 46 miles of trail. We will continue to plant native trees and vegetation. We will continue to fund new equipment to maintain the trail.

- CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).

## **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]*

Short Form

OMB No. 1545-1150

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

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

**2018**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/term ended<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Rails to Trails of the Withlacoochee, Inc.                          | <b>D</b> Employer identification number<br>59-3028987 |
|  | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>PO Box 807 | <b>E</b> Telephone number<br>(352) 726-0890           |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>Inverness, FL 34451      | <b>F</b> Group Exemption Number ▶                     |

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

**I** Website: ▶ [www.rttwsc.org](http://www.rttwsc.org)

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 89,699.

**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   | 1       | 5,608.  |
|------------|--|--|---------|---------|
|            | 2  | Program service revenue including government fees and contracts  | 2       |         |
|            | 3  | Membership dues and assessments  | 3       | 502.    |
|            | 4  | Investment income  | 4       | 1,031.  |
|            | 5a   | Gross amount from sale of assets other than inventory  | 5a      | 20,000. |
|            | b  | Less: cost or other basis and sales expenses   | 5b      | 20,602. |
|            | c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c      | -602.   |
|            | 6  | Gaming and fundraising events:   |         |         |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a      |         |
| b          | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b   | 48,380. |         |
| c          | Less: direct expenses from gaming and fundraising events   | 6c   | 26,853. |         |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | 6d   | 21,527. |         |
| 7a         | Gross sales of inventory, less returns and allowances  | 7a   | 14,178. |         |
| b          | Less: cost of goods sold   | 7b   | 7,010.  |         |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c   | 7,168.  |         |
| 8          | Other revenue (describe in Schedule O)   | 8  |         |         |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9  | 35,234. |         |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   | 10      |         |
|            | 11   | Benefits paid to or for members  | 11      |         |
|            | 12   | Salaries, other compensation, and employee benefits  | 12      |         |
|            | 13   | Professional fees and other payments to independent contractors  | 13      | 300.    |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14      |         |
|            | 15   | Printing, publications, postage, and shipping  | 15      |         |
|            | 16   | Other expenses (describe in Schedule O) See Line 16, Stmt.   | 16      | 28,876. |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   | 17   | 29,176. |         |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18      | 6,058.  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19      | 79,161. |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20      |         |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   | 21      | 85,219. |

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

|   | (A) Beginning of year | (B) End of year   |
|---|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments . . . . .  | 80,530.               | <b>22</b> 83,786. |
| <b>23</b> Land and buildings . . . . .  |                       | <b>23</b> 928.    |
| <b>24</b> Other assets (describe in Schedule O) . . . . .   | 505.                  | <b>24</b> 505.    |
| <b>25</b> <b>Total assets</b> . . . . .   | 81,035.               | <b>25</b> 85,219. |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .   | 1,874.                | <b>26</b> 0.      |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 79,161.               | <b>27</b> 85,219. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

|   |            | Expenses<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
|---|------------|--|
| <b>28</b> Maintenance and improvements of the 46 miles of the Withlacoochee State Trail (part of the State of Florida parks & recreation system)<br>(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 26,000.  |
| <b>29</b> _____<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b> |  |
| <b>30</b> _____<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>30a</b> |  |
| <b>31</b> Other program services (describe in Schedule O) . . . . .<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b> |  |
| <b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .   | <b>32</b>  | 26,000.  |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------------------|--|--|---|--|
| Al Cairns<br>President            | 2.00   | 0.   | 0.  | 0.   |
| Richard Roussel<br>Vice President | 2.00   | 0.   | 0.  | 0.   |
| Linda Floyd<br>Treasurer          | 10.00  | 0.   | 0.  | 0.   |
| Michael Dolan<br>Director         | 0.50   | 0.   | 0.  | 0.   |
| Steve Diaz<br>Director            | 0.50   | 0.   | 0.  | 0.   |
| Jim McLean<br>Director            | 0.50   | 0.   | 0.  | 0.   |
| Ken Spilios<br>Director           | 0.50   | 0.   | 0.  | 0.   |
| Don Zutaut<br>Director            | 0.50   | 0.   | 0.  | 0.   |
| Dennis Reiland<br>Director        | 0.50   | 0.   | 0.  | 0.   |
| Jerry Willert<br>Director         | 0.50   | 0.   | 0.  | 0.   |
|                                   |  |  |   |  |
|                                   |  |  |   |  |

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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding significant activities, changes, income, loans, and controlled entities.

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>46</b> | 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       |
|           |  | <b>46</b> | <b>x</b> |

**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 . . . . .

|            |  |           |            |
|------------|--|-----------|------------|
| <b>47</b>  | 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         |
|            |  | <b>47</b> | <b>x</b>   |
| <b>48</b>  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |           | <b>x</b>   |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  |           | <b>x</b>   |
| <b>b</b>   | If "Yes," was the related organization a section 527 organization? . . . . .   |           | <b>49b</b> |

**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.

**Sign Here** Signature of officer: Linda Floyd, Treasurer Date: \_\_\_\_\_  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: Janice M Saltmarsh Preparer's signature: Janice M Saltmarsh Date: 5/22/19 Check  if self-employed PTIN: P00044934  
Firm's name: Humphrey & Saltmarsh PL Firm's EIN: 27-3264875  
Firm's address: 3600 E Gulf to Lake Hwy, Inverness, FL 34453 Phone no.: (352) 341-3449

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**

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

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

**Line 16: Other Expenses**

**Continuation Statement**

| Description       | Amount         |
|-------------------|----------------|
| Trail maintenance | 25,928.        |
| Sales tax         | 473.           |
| Bank fees         | 24.            |
| Supplies          | 1,800.         |
| Marketing         | 236.           |
| Memberships       | 343.           |
| Depreciation      | 72.            |
| <b>Total</b>      | <b>28,876.</b> |

**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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|   |   |
|---|---|
| Name of the organization<br><b>Rails to Trails of the Withlacoochee, Inc.</b> | Employer identification number<br><b>59-3028987</b> |
|---|---|

**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)          |                                    |          |   |   |    |   |   |
| <b>Total</b> |                                    |          |   |   |    |   |   |

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. 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 stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test—2018; b 33 1/3% support test—2017; 17a 10%-facts-and-circumstances test—2018; b 10%-facts-and-circumstances test—2017; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 13,282.  | 21,026.  | 4,535.   | 6,087.   | 7,148.   | 52,078.   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . | 21,564.  | 35,254.  | 55,736.  | 39,546.  | 61,520.  | 213,620.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 34,846.  | 56,280.  | 60,271.  | 45,633.  | 68,668.  | 265,698.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          | 265,698.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   | 34,846.  | 56,280.  | 60,271.  | 45,633.  | 68,668.  | 265,698.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 692.     | 695.     | 832.     | 528.     | 1,031.   | 3,778.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   | 692.     | 695.     | 832.     | 528.     | 1,031.   | 3,778.    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   | 35,538.  | 56,975.  | 61,103.  | 46,161.  | 69,699.  | 269,476.  |
| <b>14 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 stop here . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 98.6 %  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 98.88 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | 1.4 %  |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | 1.12 % |

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|     |   | Yes | No |
|-----|---|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| c   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.  |     |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  |     |    |

**Part IV Supporting Organizations** (continued)

|    |   | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| a  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a |    |
| b  | A family member of a person described in (a) above?   | 11b |    |
| c  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c |    |

**Section B. Type I Supporting Organizations**

|   |   | Yes | No |
|---|---|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1   |    |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2   |    |

**Section C. Type II Supporting Organizations**

|   |  | Yes | No |
|---|--|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1   |    |

**Section D. All Type III Supporting Organizations**

|   |  | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1   |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  | 2   |    |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   | 3   |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |   |    |     |    |
|---|---|----|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |    |     |    |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |    |     |    |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |    |     |    |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |    |     |    |
| 2 | Activities Test. Answer (a) and (b) below.  |    | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |     |    |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |     |    |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below.  |    |     |    |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  | 3a |     |    |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A—Adjusted Net Income  |  | (A) Prior Year | (B) Current Year (optional) |
|--------------------------------|--|----------------|-----------------------------|
| 1                              | Net short-term capital gain  | 1              |                             |
| 2                              | Recoveries of prior-year distributions   | 2              |                             |
| 3                              | Other gross income (see instructions)  | 3              |                             |
| 4                              | Add lines 1 through 3.   | 4              |                             |
| 5                              | Depreciation and depletion   | 5              |                             |
| 6                              | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                              | Other expenses (see instructions)  | 7              |                             |
| 8                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |
| Section B—Minimum Asset Amount |  | (A) Prior Year | (B) Current Year (optional) |
| 1                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| a                              | Average monthly value of securities  | 1a             |                             |
| b                              | Average monthly cash balances  | 1b             |                             |
| c                              | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                              | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                              | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                             |
| 2                              | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                             |
| 3                              | Subtract line 2 from line 1d.  | 3              |                             |
| 4                              | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4              |                             |
| 5                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                             |
| 6                              | Multiply line 5 by .035.   | 6              |                             |
| 7                              | Recoveries of prior-year distributions   | 7              |                             |
| 8                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| Section C—Distributable Amount |  |                | Current Year                |
| 1                              | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |                             |
| 2                              | Enter 85% of line 1.   | 2              |                             |
| 3                              | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3              |                             |
| 4                              | Enter greater of line 2 or line 3.   | 4              |                             |
| 5                              | Income tax imposed in prior year   | 5              |                             |
| 6                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                             |
| 7                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D—Distributions                               |   | Current Year                |  |   |
|---|---|-----------------------------|--|---|
| 1   | Amounts paid to supported organizations to accomplish exempt purposes   |                             |  |   |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity                                   |                             |  |   |
| 3   | Administrative expenses paid to accomplish exempt purposes of supported organizations   |                             |  |   |
| 4   | Amounts paid to acquire exempt-use assets   |                             |  |   |
| 5   | Qualified set-aside amounts (prior IRS approval required)   |                             |  |   |
| 6   | Other distributions (describe in Part VI). See instructions.  |                             |  |   |
| 7   | <b>Total annual distributions.</b> Add lines 1 through 6.   |                             |  |   |
| 8   | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.                              |                             |  |   |
| 9   | Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 10  | Line 8 amount divided by line 9 amount  |                             |  |   |
| Section E—Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1   | Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2018   |                             |  |   |
| a   | From 2013 . . . . .   |                             |  |   |
| b   | From 2014 . . . . .   |                             |  |   |
| c   | From 2015 . . . . .   |                             |  |   |
| d   | From 2016 . . . . .   |                             |  |   |
| e   | From 2017 . . . . .   |                             |  |   |
| f   | <b>Total</b> of lines 3a through e  |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2018 distributable amount  |                             |  |   |
| i   | Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4   | Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2018 distributable amount  |                             |  |   |
| c   | Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6   | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   | Excess from 2014 . . . . .  |                             |  |   |
| b   | Excess from 2015 . . . . .  |                             |  |   |
| c   | Excess from 2016 . . . . .  |                             |  |   |
| d   | Excess from 2017 . . . . .  |                             |  |   |
| e   | Excess from 2018 . . . . .  |                             |  |   |







**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<br>Annual bike ride<br>(event type)                        | (b) Event #2<br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|------------------------------|------------------------------------|--|
| Revenue         | 1  | Gross receipts . . . . .  |                              |                                    |  |
|                 | 2  | Less: Contributions . . . . .   |                              |                                    |  |
|                 | 3  | Gross income (line 1 minus<br>line 2) . . . . .                         |                              |                                    |  |
| Direct Expenses | 4  | Cash prizes . . . . .   |                              |                                    |  |
|                 | 5  | Noncash prizes . . . . .  |                              |                                    |  |
|                 | 6  | Rent/facility costs . . . . .   |                              |                                    |  |
|                 | 7  | Food and beverages . . . . .  |                              |                                    |  |
|                 | 8  | Entertainment . . . . .   |                              |                                    |  |
|                 | 9  | Other direct expenses . . . . .   |                              |                                    |  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                              |                                    |  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                              |                                    |  |

**Part III 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.

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |  |
|-----------------|---|--|---|---|---|--|
| Revenue         | 1 | Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes . . . . .  |   |   |   |  |
|                 | 3 | Noncash prizes . . . . .   |   |   |   |  |
|                 | 4 | Rent/facility costs . . . . .  |   |   |   |  |
|                 | 5 | Other direct expenses . . . . .  |   |   |   |  |
|                 | 6 | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



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

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

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

Rails to Trails of the Withlacoochee, Inc.

Employer identification number

59-3028987

Pt I, Line 16:

Description: Trail maintenance \$25,928

Description: Sales tax \$473

Description: Bank fees \$24

Description: Supplies \$1,800

Description: Marketing \$236

Description: Memberships \$343

Description: Depreciation \$72

Pt II, Line 24:

Description: Inventory Beginning of Year: \$505 End of Year: \$505

Pt II, Line 26:

Description: Credit card payable Beginning of Year: \$1,874 End of Year: \$0