

#### Florida Department of Environmental Protection

## CITIZEN SUPPORT ORGANIZATION 2020 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 352-726-0315 Website Address: 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. Their 2019 annual bike ride brought in a total of \$54,932. They made their website ADA compliant. They made numerous repairs to the aging asphalt in different locations along the 46 miles of trail. They also started new interpretive programs focusing on community involvement other than bicycling.
Description of the CSO's Plans for the Next Three Fiscal Years:

⊠ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.

continue to fund new equipment to maintain the trail.

☐ 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). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.

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

#### 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,

- (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]

## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

<u>Z</u> 0 10

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

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Number and street (or P.O. box, if mail is not delivered to street address)   Room/full*   Ro	В	Check if a	pplicable:	C Name of organization	D Emplo			
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				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			80,530.	22	83,786.
23	Land and buildings				23	928.
24	Other assets (describe in Schedule O)			505.	24	505.
25	Total assets			81,035.	25	85,219.
26	Total liabilities (describe in Schedule O)		<del>-</del>		26	0.
27	Net assets or fund balances (line 27 of column		<u></u>	<u>`</u>	27	85,219.
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Al C Pres Rich Vice Linc Tres Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Fident	Employees (list each O to respond to as (b) Average hours per week devoted to position 2.00	n one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0	nstruc	Estimated amount of other compensation  0.
Al Control of the Al Control o	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Sident Lard Roussel President La Floyd Laurer Lae L Dolan Lector Le Diaz	Employees (list each O to respond to as (b) Average hours per week devoted to position 2.00 2.00 0.50	one even if not comply question in this comply question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0	nstruce (e)	Estimated amount of other compensation  0.  0.
Al Control of the stew Direct	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Sident Sard Roussel President Sa Floyd Ssurer Sael Dolan Sector Te Diaz	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0	nstruce (e)	Estimated amount of other compensation  0.  0.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Sident Sard Roussel President Sa Floyd Saurer Sael Dolan Sector McLean	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0	eee (e)	Estimated amount of other compensation  0.  0.  0.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns  ident hard Roussel President da Floyd haurer hael Dolan hector ye Diaz ector McLean hector	Employees (list each O to respond to as (b) Average hours per week devoted to position 2.00 2.00 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0	eee (e)	Estimated amount of other compensation  0.  0.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and cleferred compensation  0  0  0  0	nstruc	Estimated amount of other compensation  0.  0.  0.  0.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Eident Hard Roussel President da Floyd Hard Rolan ector Te Diaz ector McLean ector Spilios ector	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0	nstruc	Estimated amount of other compensation  0.  0.  0.  0.
Al Control of the second of th	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Eident Cairns Eident Cairns Eident Cairns	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefils, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0	nstruc	Estimated amount of other compensation  0.  0.  0.  0.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Sident Sard Roussel President Sa Floyd Saurer Sael Dolan Sector McLean Sector Spilios Sector Zutaut Sector	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and cleferred compensation  0  0  0  0	nstruc	Estimated amount of other compensation  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Sident Sard Roussel President Sa Floyd Saurer Sael Dolan Sector McLean Sector Spilios Sector Zutaut Sector Sident Sector Sident Sector Sident Sector Spilios Sector Sident Sid	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50 0.50 0.50	one even if not comply question in this comply question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.	pensated—see the in Part IV  (d) Health benefils, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0	nstruc	Estimated amount of other compensation  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Eddent Eard Roussel E President Ea Floyd Essurer Eael Dolan Ector McLean Ector Spilios Ector Zutaut Ector Is Reiland Ector	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50 0.50 0.50	one even if not comply question in this comply question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.	pensated—see the in Part IV  (d) Health benefils, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0	nstruc	Ctions for Part IV)  Estimated amount of other compensation  O.  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Sident Sard Roussel President Sa Floyd Saurer Sael Dolan Sector McLean Sector Spilios Sector Zutaut Sector Sident Sector Sident Sector Sident Sector Spilios Sector Sident Sid	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.  O.	pensated—see the in- Part IV  (d) Health benefils, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0  0	nstruc	Ctions for Part IV)  Estimated amount of other compensation  O.  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns Eddent Eard Roussel E President Ea Floyd Essurer Eael Dolan Ector McLean Ector Spilios Ector Zutaut Ector Is Reiland Ector	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 0.50 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.  O.	pensated—see the in- Part IV  (d) Health benefils, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0  0	nstruc	Ctions for Part IV)  Estimated amount of other compensation  O.  O.  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns  ident hard Roussel President da Floyd disurer hael Dolan ector Ve Diaz ector McLean ector Spilios ector Zutaut ector dis Reiland ector cy Willert	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 0.50 0.50 0.50 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.  O.  O.	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0  0	nstruc	Ctions for Part IV)  Estimated amount of other compensation  O.  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns  ident hard Roussel President da Floyd disurer hael Dolan ector Ve Diaz ector McLean ector Spilios ector Zutaut ector dis Reiland ector cy Willert	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 0.50 0.50 0.50 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.  O.  O.	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0  0	nstruc	Ctions for Part IV)  Estimated amount of other compensation  O.  O.  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns  ident hard Roussel President da Floyd disurer hael Dolan ector Ve Diaz ector McLean ector Spilios ector Zutaut ector dis Reiland ector cy Willert	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 0.50 0.50 0.50 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.  O.  O.	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0  0	nstruc	Ctions for Part IV)  Estimated amount of other compensation  O.  O.  O.  O.  O.  O.
Al Control of the state of the	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Cairns  ident hard Roussel President da Floyd disurer hael Dolan ector Ve Diaz ector McLean ector Spilios ector Zutaut ector dis Reiland ector cy Willert	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 2.00 0.50 0.50 0.50 0.50 0.50	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.  O.  O.  O.	pensated—see the in- Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0  0  0  0	nstruc	Ctions for Part IV)  Estimated amount of other compensation  O.  O.  O.  O.  O.  O.

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	
	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		×
Ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	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	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		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		×
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4955 ► ; section 4955 ►			
Ъ	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		×
¢	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Linda Floyd  Telephone no. ► (352)		6-08	190
	Located at ▶ 4080 S Big Al Point, Inverness FL ZIP + 4 ▶ 3445 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	52		1
ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶	420		<u> </u>
li.	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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			<b>▶</b> □
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
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	Did the organization receive any payments for indoor tanning services during the year?	44b		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 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	730		
	Form 990-EZ. See instructions	45b		×

					Yes	No
46	Did the organization engage, directly or in					
	to candidates for public office? If "Yes," of		, Part I		. 46	×
Part						
	All section 501(c)(3) organization	is must answer que	estions 47–49b and	52, and complete th	e tables for lin	es
	50 and 51.					
	Check if the organization used Sc	hedule O to respond	to any question in the	his Part VI		
		A1 111			Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par					
	17			0-1		X
48	Is the organization a school as described i		•			×
49a	Did the organization make any transfers t	•				×
50	Complete this table for the organization's			er than officers direct		nd key
30	employees) who each received more than					
	omprovedo, who each received mere than			(d) Health benefits,	10, 01101	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee		
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other compensa	.tion
None						
					_	
						-
		<u> </u>				
f	Total number of other employees paid ov	er \$100,000	▶			
51	Complete this table for the organization			contractors who eac	h received more	e thar
	\$100,000 of compensation from the orga	anization. If there is n	one, enter "None."			
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	rice (d	c) Compensation	
None						
NOTTE			-			
	**		-			
d	Total number of other independent contr	actors each receiving	over \$100,000	<b>&gt;</b>		
52	Did the organization complete Sched	ule A? Note: All s	ection 501(c)(3) orga	nizations must attac	h a	
	completed Schedule A				.▶⊠ Yes □	No
	penalties of perjury, I declare that I have examined this				nowledge and belief	i, it is
true, co	rrect, and complete. Declaration of preparer (other tha	n officer) is based on all inf	ormation of which preparer l	has any knowledge.		
Sign	Signature of officer			Date		
Here		er 				
	Type or print name and title	Department standard	Ta	No.	DTILL	
Paid	Print/Type preparer's name	Preparer's signature	IL DE	Check [		2.4
Prep	Illiania hanna C. Ca	Jan 100	mauh =	self-empl		34
Use	Only Firm's name ► Humphrey & Sa Firm's address ► 3600 E Gulf t		verness, FL 344	Firm's EIN ▶2		0
May	he IRS discuss this return with the prepare			Phone no. (	352)341-344 ▶ <b>※ Yes</b> □	
ividy t	io in a diocess this return with the propare	a dilowii above: dee	moducions		Yes 🗌	INO

## 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.
Total	28,876.

## 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)

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ai	s t	o Trails of the With	nlacoochee,	Inc.			59-3028987	
Par		Reason for Public Char						ns.
he c	1	ization is not a private founda						
1		church, convention of church	•					
2		school described in section						
3		hospital or a cooperative hos						T-4 - 4b -
4	_	medical research organization		onjunction with a nosp	oital desc	ribed in s	ection 170(b)(1)(A)(i	II). Enter the
_	11	ospital's name, city, and state n organization operated for t		college or university	ownod o		d by a government	Lunit described in
5		ection 170(b)(1)(A)(iv). (Comp		college or university	owned o	Operate	d by a governmenta	ar unit described in
6	□ A	federal, state, or local govern	nment or govern	mental unit described	in section	on 170(b)	(1)(A)(v).	
7		n organization that normally			port from	a gover	nmental unit or from	the general public
	d	escribed in section 170(b)(1)	(A)(vi). (Comple	te Part II.)				
8	□A	community trust described in	n section 170(b	)(1)(A)(vi). (Complete F	Part II.)			
9		n agricultural research organi						
	u	r university or a non-land-gra niversity:						_
10	× A	n organization that normally r	eceives: (1) mor	e than 33¹/ສ% of its su	apport fro	m contril	outions, membership	fees, and gross
	SI	eceipts from activities related upport from gross investment	t income and un	related business taxat	ole incom	epuons, ne (less se	ection 511 tax) from I	ousinesses
	a	cquired by the organization a	fter June 30, 19	75. See <b>section 509(</b> a	1)(2). (Cor	nplete Pa	art III.)	
11		n organization organized and	•	,	•			
12		n organization organized and	•				•	
		f one or more publicly supports heck the box in lines 12a thro						
2	r	Type I. A supporting organ	•			•		
а	ļ	the supported organization						
		supporting organization. Y						700 01 1110
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	upported organization	on(s), by having
		control or management of						
		organization(s). You must	complete Part	IV, Sections A and C.				
C		Type III functionally integ						lly integrated with,
		its supported organization(						
d		Type III non-functionally i						
		that is not functionally integ						d an attentiveness
		requirement (see instructio	•	•		•		
е	L	Check this box if the organ functionally integrated, or ?						II, Type III
	Ent		•		pporting (	organizati	ion.	
f g		ter the number of supported opvide the following information		oorted organization(s)				
9	_	me of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	( ) i va	and or supported organization	(, =	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))		document? instruc		instructions)
					Yes	No		
A)								
B)								
C)								
D)								
(E)					1			
Tota								

#### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	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.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	funished 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.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	34,846.	56,280.	60,271.	45,633.	68,668.	265,698.
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						
6 8	Add lines 7a and 7b						265,698.
Secti	on B. Total Support						203,030.
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	34,846.	56,280.	60,271.	45,633.	68,668.	265,698.
10a	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	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
С	Add lines 10a and 10b	692.	695.	832.	528.	1,031.	3,778.
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.)	35,538.	56,975.	61,103.	46,161.	69,699.	269,476.
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon	d, third, fourth		ear as a section	on 501(c)(3)
Sect	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8	3, column (f), d	ivided by line	13, column (f))		15	98.6 %
16	Public support percentage from 2017 Sch	nedule A, Part	III, line 15 .			16	98.88 %
Sect	ion D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2018 (			•	1 / /		1.4 %
18	nvestment income percentage from 2017						1.12 %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organize ine 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_	•			

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
Rails to Trails of the Withlacoochee, Inc.	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: \$50	5
Pt II, Line 26:	
Description: Credit card payable Beginning of Year: \$1,874 End	of Year: \$0
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