Florida Department of Environmental Protection



CITIZEN SUPPORT ORGANIZATION 2020 REPORT IMPLEMENTATION OF 20.058 F.S.

Citizen Support Organization (CSO) Name: FRIENDS OF THE GTM RESERVE

Mailing Address: 450 GUANA RIVER ROAD, PONTE VEDRA BEACH, FL 32082

Telephone Number: 904-823-4527 Website Address (if applicable): HTTPS://GTMNERR.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.

Brief Description of the CSO's Mission:

The Friends of the GTM Reserve's mission is to support and enhance environmental education, stewardship of natural and cultural resources, and scientific research of the GTM NERR through volunteer initiatives, citizen involvement, and community partnerships.

Brief Description of the CSO's Results Obtained:

Friends of the GTM Reserve's officers and directors provided support by attending monthly business meetings, representing the GTM NERR at community events and in groups such as the Management Advisory Group, planning and executing fundraising events, using social media to raise awareness of the GTM NERR and its significant in the community, and creating partnerships with community and corporate stakeholders. The Friends board held their annual strategic Planning Retreat in January where they reviewed the Strategic Plan and approved the annual operations budget.

Due to the Friend's ability to financial manage grants, the GTM NERR has been able to expand their research, education and stewardship programs. Grants include: science transfer grants, education grants, and water quality research grants. The Friends were also able to fully fund a Graduate Research Fellow from the University of North Florida to study water quality on the Guana Lake and River. This Fellowship will be funded, at minimum, into 2021.

Staff at the GTM NERR have been able to attend certification classes, workshops, and conferences relevant to the GTM NERR mission, publish research papers, and maintain memberships in organizations and groups using funds provided by Friends and their supporters.

The Friends continue to create a culture of collaboration between Friends members, officers, directors, and the GTM Research Reserve staff in order to improve and support program outcomes. To accomplish this, the Friends organize meet-and-greets with GTM program managers, Friends board members, and key volunteers. Program managers also have the opportunity to brainstorm with Friends members and officers to help build partnerships in the community and build support for the programs.

The Friends have entered the third year of their partnership with Guana Outpost South to provide recreational amenities and improve the visitor experience at the GTM NERR. Amenities include: kayak rentals, stand-up paddle board rentals, bike rentals, bait and tackle and recreational merchandise. Proceeds from the partnership help fund programs at the Reserve.

The Friends of the GTM Reserve have increased their engagement with community organizations to build recognition and partnerships for the GTM NERR. Organizations include: Rotary International, Northeast Florida Association of REALTORS, St. Johns County Change of Commerce, and the Kiwanis Club. The Friends launched a corporate partnership program that provides unrestricted funding for GTM NERR programs from businesses in the regional including Baptist Health, MJW Consolidated, Aurora Builders, Coldwell Banker Vanguard Realty, Anderson Financial Partners, and Rogers Towers Law Firm. The Friends also continued fundraising for the sea turtle patrol through the Adopt-A-Nest Program.

The Friends secured a grant from NERRA to fund a facilitated working group to study accessibility and inclusivity at the GTM NERR. From the working group, the *GTM for All* Initiative was launched to improve accessibility and enhance programming for people with physical and development disabilities, students with autism and from Title I schools, the elderly, and other communities who may not be able to access the Reserve and its programs/amenities. The Friends provided seed funding for education programs, training, and certifications include *Kulture City* certification for the GTM Research Reserve Visitor Center. The Friends have hosted events for the Center for Autism and Related Disabilities UFHealth Game Night program in conjunction with the GTM NERR Education team. With the support of Friends, GTM NERR hosted a Family Day for students and their family members at a Title I school nearby. Friends provided transportation, food, and supplies for over 40 participants on a Saturday morning where families learned about the estuary and participated in activities related to the coastal ecosystem. Many of the students had never visited the beach despite living less than 20 miles from it. It is our goal to continue supporting programs like this in the future.

The Friends have worked closely with family and corporate foundations to provide funding for GTM NERR programs and have increased support from foundations by 15 percent over the previous year.

Membership has increased by 8 percent over the previous year.

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

The Friends of the GTM Reserve plan to:

- increase fundraising and revenue to support GTM NERR programs and the Reserve Management Plan, and bridge the gap in funding from state and federal agencies.
- increase the number of Friends members and supporters.
- create partnership with corporate partners, family foundations, and grantors.
- expand community outreach through partnerships with other nonprofits, civic organizations, and municipalities.
- develop a diverse portfolio of revenue and campaigns to maintain sustainable and consistent funding for the GTM NERR and its programs.
- increase support for the GTM for All initiative to improve accessibility, inclusivity, equity, and diversity at the GTM NERR.

✓ Copy of the CSO's Code of Ethics attached
 ✓ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

CODE OF ETHICS

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.

PREAMBLE

- It is essential to the proper conduct and operation of the Friends of the Guana Tolomato Matanzasa National Estuarine Research Reserve, Inc. (herein "CSO") that its board members, officers, and employees by 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 know 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 the Friends of the Guana Tolomato Matanzas National Estuarine Research Reserve, 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, and reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

7/9/14



Department of the Treasury Internal Revenue Service Ogden, UT 84201

Notice	CP211A				
Tax period	September 30, 2019				
Notice date	November 25, 2019				
Employer ID number	91-2081432				
To contact us	Phone 877-829-5500				
	FAX 877-792-2864				
Dago 1 of 1					

Page 1 of 1

136840.204823.212501.9295 1 AB 0.412 370 $[\frac{1}{2}]^{\frac{1}{2}} [\frac{1}{2}]^{\frac{1}{2}} [\frac{1$ FRIENDS OF GUANA TOLOMATO MATANZAS % JAY LANGFELDER 505 GUANA RIVER RD PONTE VEDRA FL 32082-6527

136840

Important information about your September 30, 2019 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your	What you need to do						
September 30, 2019 Form 990. Your new due date is August 15, 2020.	File your September 30, 2019 Form 990 by August 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.						
	Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.						
Additional information	 Visit www.irs.gov/cp211a For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676). Keep this notice for your records. 						
	If you need assistance, please don't hesitate to contact us.						

Department of the Treasury

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Amen Din Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 52	, or 4947(a)(1) of the Internal Revenue	Code (except private foundations)
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Do not enter social security numbers on this form as it may be made public.

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

Open to Public

		Co to www.irs.gov/Porm990 for instructions and the late			Inspection
A		2017 calendar year, or tax year beginning Oct 1 , 2017, and en		ep 30	, 20 18
B		applicable: C Name of organization FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEA	RCH RESERVE, INC.	D Employ	er identification number
	Address	0		91-2	081432
	Name ch		/suite	E Telepho	ne number
Ш	Initial retu	urn 505 GUANA RIVER ROAD		(904)823-4527
	Final retur	n/terminated City or town, state or province, country, and ZIP or foreign postal code			
×	Amendeo	freturn PONTE VEDRA BEACH, FL 32082		G Gross r	eceipts \$ 322,255.
	Application	on pending F Name and address of principal officer:	H(a) Is this a g	roup return for	subordinates? Yes X No
		STACI J. BITTING, 505 GUANA RIVER RD, PONTE VEDRA BEACH, FL 3			
1	Tax-exen	npt status: 🔀 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 527			a list. (see instructions)
J	Website:	http://dlinebiliteond	H(c) Group	exemption	number 🕨
Concession of the local division of the loca		rganization: X Corporation Trust Association Other ► L Year of form	nation: 200	0 M State	of legal domicile: FL
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE	FRIENDS ORGAN	VIZATION	WILL PROVIDE SUPPORT
Ce		TO ASSIST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUA	RINE RESE	ARCH R	ESERVE
nar		IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCAT	ION AND R	ESOURC	E MANAGEMENT
Activities & Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or dispose	d of more than	25% of	its net assets.
ဗိ	3	Number of voting members of the governing body (Part VI, line 1a)	· · · 940 ·	3	13
త	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	13
itie	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	3
;tivi	6	Total number of volunteers (estimate if necessary)		6	200
¥	7a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12	• • • • • •	7a	0.
	bl	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			Prior Ye	ar	Current Year
e	8 (Contributions and grants (Part VIII, line 1h)	107	,928.	129,315.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		,111.	145,473.
ev.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		,362.	1,477.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,577.	39,862.
_		Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,978.	316,127.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1–3) .		,305.	178,699.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		/	2.0,000
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66	,442.	78,329.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			
ďx	b 7	Total fundraising expenses (Part IX, column (D), line 25) ► 19, 670.	ETER ST.	-17 19	
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30	, 399.	39,060.
	18 7	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,146.	296,088.
_	19 F	Revenue less expenses. Subtract line 18 from line 12		,832.	20,039.
Net Assets or Fund Balances			Beginning of Cur		End of Year
sets		otal assets (Part X, line 16)	430	,607.	459,515.
et As		otal liabilities (Part X, line 26)		,113.	80,982.
		let assets or fund balances. Subtract line 21 from line 20		,494.	378,533.
-	rt II	Signature Block			
Unc	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to th	e best of m	y knowledge and belief, it is
true	, correct, a	and complete. Declaration ovpreparer (other than officer) is based on all information of which prepar	er has any knowle	dge.	
0'-		Kts K grang	10)/25/2	019
Sig		Signature of officer	Date	9	
Her	e	CHARLES SNAVELY, TREASURER - 2019			
-		Type or print name and title			
Pai	d	Print/Type preparer's name Preparer's signature	Date	Check	T if PTIN
	parer		10/24/2019		oyed P01041981
	e Only	Firm's name ► DAVIS & DAVIS-CERTIFIED PUBLIC ACCTS, P.A	. Firm'		9-3720010
		Firm's address ► 17 PACIFIC STREET, SUITE A, SAINT AUGUSTINE, F			4)819-1799
		discuss this return with the preparer shown above? (see instructions)			
For	Paperwo	rk Reduction Act Notice, see the separate instructions. BAA	EV 03/08/19 PRO		Form 990 (2017)

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Form	990 (2017)	-								
No.	rt III Statement of Program Service Accomplishments	² age 2								
	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	THE FRIENDS ORGANIZATION WILL PROVIDE SUPPORT									
	TO ASSIST THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE									
	IN THE IMPLEMENTATION OF SCIENTIFIC RESEARCH, EDUCATION AND RESOURCE MANAGEMENT									
2	and any organization and any significant program services during the year which were not listed on the									
	I Yes A	No								
3	If "Yes," describe these new services on Schedule O.									
5	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe these changes on Schedule O.	No								
4										
-	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	d by hers,								
4a	(Code:) (Expenses \$ 248.819 including grants of \$ 178.699) (Payopup \$ 140.776)									
ru	(Code:) (Expenses \$ 248,819. including grants of \$ 178,699.) (Revenue \$ 140,776.) SUPPORT THE GOALS AND OBJECTIVES, PROGRAMS AND									
	ACTIVITIES OF THE GUANA TOLOMATO MATANZAS NATIONAL ESTUARIANE									
	RESEARCH RESERVE.									
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)									

4c	(Code:) (Expenses \$ including grants of \$) (Bevenue \$)									
10	(Code:) (Expenses \$including grants of \$) (Revenue \$)									
4d	Other program services (Describe in Schedule O.)									
-	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses ► 248,819.	-								
	REV 03/08/49 PPO									

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Form 990 (2017) Part IV Checklist of Required Schedules

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r ai	Checklist of Required Schedules								
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No					
		1	×						
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×						
4	candidates for public office? If "Yes," complete Schedule C, Part I . Section 501(c)(3) organizations. 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 .	3		×					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.								
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×					
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×					
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.								
а	complete Schedule D, Part VI	11a	×						
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×					
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×					
ď	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×					
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		×					
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		×					
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a 12b		×					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×					
14 a b	and a generative of the office	14a		X					
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b							
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	140		×					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	×						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×					

Form 990 (2017)

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Par	t IV Checklist of Required Schedules (continued)			
20 -	Did the errorization and the internet of the internet of the second se		Yes	No
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	22		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u>×</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		×
ь 36	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	27		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37 38	×	×

Form 990 (2017)

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Earn Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any plice in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable Image: Check If Schedule O contains a response or note to any policable Image: Check If Schedule O contains a response or note to any policable Image: Check If Schedule O contains a response or note to any policable Image: Check If Schedule O contains a response or note to any on the contains to vendors and reportable gaming (gambling) within ostign within the year covered by this return Image: Check If Schedule O contains a response of Schedule O contains a response of Schedule O contains a response of Schedule O contains and the regardization have an inferent PM or to line Schedule O contains a longing country: Policy If PM or line Schedule C contains a longing country: Policy If PM or line Schedule C contains a response of Schedule C contains a response of Schedule C contains a response contains a longing country: Policy If PM or line Schedule C contains a response contains a longing country: Policy If PM or line Schedule C contains a response contains a longing country: Policy If PM or line Schedule C contributions response reported to the regardization have unclassing the response contains a longing country: Policy If PM or line Schedule C contributions response reported to the approximation response and line Schedule C contributions response reported to the approximation response and line Schedule C contributions response reported to the pay or line Schedule C contributions response reported to the pay or line Schedule C contributions response reporteconthy the response reported to t	-	990 (2017)			Page 5
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b If "Yes," did the organization notify the donor of the value of the goods or services provided? 76 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c x d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c x d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e x f Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f x f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f x f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7f x g Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. 8 x g Sponsoring organization make any taxable distributions under section 4966? 9a x 9b x linitiation fees and capital contributions included on Part VIII, line 12 10a 10a 10a 10b 11a 11a 11b 12a 12a 12a 12a	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	208	519	3.04
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 x 9 Sponsoring organizations maintaining donor advised funds. 9a x 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a x 9 Did the sponsoring organizations. Enter: 10a 9b x 9 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11b 11b 12 Section 501(c)(12) organizations. Enter: 11a 10b 11b 12a 13 Section 501(c)(12) organizations. Enter: 11b 11b 12a 11b 14 Gross income from members or shareholders 11a 12a 11b 12a 14 Section 501(c)(12) organization in the organization filing Form 990 in	f	Did the organization during the year, pay premiums directly to pay premiums on a personal benefit contract?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 10 8 x 9 Sponsoring organizations maintaining donor advised funds. 9a x 9a x a Did the sponsoring organization make any taxable distributions under section 4966? 9a x b Did the sponsoring organizations. Enter: 10a 9a x a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b x b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 11a 11a 11a 11b 12a b Gross income from members or shareholders . . 11b 12a 12a 11b 12a 12a 11b 12a 12	a	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		_	X
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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	400		22	1.2	
 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand liac 14a 	12a h	If W/a = N and a life	12a		
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 Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Inter the amount of			10	1	1 Cay
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		the organization is licensed to issue qualified health plans	15331		1
14a Did the organization receive any payments for indoor tanning services during the tax year?		Enter the emount of receives as hand	100	Top a	=7
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			142	27	×
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-

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Form 990 (2017) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent h 1b 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 × 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X Did the organization have members or stockholders? 6 6 х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, b 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: а 8a X Each committee with authority to act on behalf of the governing body? b 8b X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b × С Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × 13 Did the organization have a written whistleblower policy? 13 × Did the organization have a written document retention and destruction policy? 14 14 Х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	NCT I		135
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		1.3
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	3/4 14	32.11	18
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	E SIL		
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website I Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ELLEN LEROY-REED, 505 GUANA RIVER ROAD, PONTE VEDRA, BEACH, FL 32082 (904)823-4526

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	unles er an	Pos heck ss pe	erson lirect	e than is both or/trus	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	37	(W-2/1099-MISC)		organization and related organizations
(1) DEBBI MAGRI DIRECTOR	2.00	×		×						
(2) STACI JANEL BITTING PRESIDENT	3.00	×		×						
(3) KAREN FORD MEMBER	2.00	×		×						
(4) AMANDA RYAN TREASURER	4.00	×								
(5) JULIE EDWARDS SECRETARY	3.00	×								
(6) MARGARET CABRAL-MALY DIRECTOR	2.00	×								
(7) ERIC SMITH DIRECTOR	2.00	×								
(8) MARK RYAN VICE PRESIDENT	3.00	×								
(9) COURTNEY HACKNEY DIRECTOR	2.00	×								
(10) LAURA HINDS DIRECTOR	2.00	×								
(11) CHARLES SNAVELY DIRECTOR	2.00	×								
(12) AMANDA MORROW DIRECTOR	2.00	×								
(13) DREW FRICK DIRECTOR	2.00	×								
(14)										
		DEVIO	000/4	0.00	~					E 000 (00)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, ai	nd H	lighe	st C	ompensated E	mployees (conti	inued)		rage G
	(A) Name and title	(B) Average hours per week (list any	(do n box, u office	ot ch unles	Pos neck s pe d a d	C) ition more rson	e than o is both or/trus	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	on	other npensati rom the ganizatio d relate anizatio	on d
(15)							<u>u</u>						
(16)													
(17)				-						1			
(18)				_									
(19)				_	_	_							
(20)			_	_		_							
(21)				-	_	_							
(22)				_		_							
(23)				_	_	_							
(24)				_		_							
(25)													
1b c d	Sub-total			× • × •		•	.						
2	Total number of individuals (including but reportable compensation from the organiz	not limited			_) wh	no received mo	re than \$100,00	0 of		
3	Did the organization list any former off	icer, directo	or, or	tru	Iste	0 e, k	ey e	mpl	oyee, or highe	est compensate	d 🔲	Yes	No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the							1 an	· · · · ·	· · · · · ·	3	1500	×
	organization and related organizations gindividual	greater that	n \$15	50,0	00?	P If	"Yes	," c	complete Sche	edule J for suc	h		
5	Did any person listed on line 1a receive or	accrue cor	npen	satio	on f	rom	any	unr			al 4		×
Sectio	for services rendered to the organization?	II TES, CL	mpie	le S	SCRE	aui	e J IC	or su	icn person .		5		×
1	Complete this table for your five highest c compensation from the organization. Repo year.	ompensate ort compen	d inde satior	eper 1 for	nde r the	nt c e ca	ontra lenda	icto Ir ye	rs that received ear ending with	d more than \$10 or within the or	0,000 d ganizat	f on's ta	ax
	(A) Name and business address								(B) Description of ser	rvices	(C) Compen		
					_			_					
2	Total number of independent contractor received more than \$100,000 of compensa	s (including tion from th	g but le orga	not	t lir atio	nite on >	d to	tho	ose listed abov	/e) who	and the	12.2	ALC: NO

Form 990 (2017)

Part VIII Statement of Revenue

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àre.	- TEN	Check if Schedule O contains	a response of note t				(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nounts	1a	Federated campaigns	1a	2-11, 24 S. 75 S.	Toronac		012 014
uno	b	Membership dues	1b 33,510.	low Muster		Sanger and the	
Ā	c	Fundraising events	1c				
ilar An	d	Related organizations	1d			2.5. Mar 1992	
Sim.	e	Government grants (contributions)	1e	Content and		and the second	
er	f	All other contributions, gifts, grants,				A-3-21 -3	
and Other Sim		and similar amounts not included above Noncash contributions included in lines 1a-	If 95,805.			a section of the	
and Other Similar Amounts	9 h	Total. Add lines 1a-1f		100 215		2.2.2.2.2	
	- "	Total. Add lines fa-fr	Business Code	129,315.			
lenu	2a	PROGRAM FACILITY USE	900099	81,166.	81,166.	0.	0.
Program Service Revenue	b	SUMMER CAMP/EDUCATIONAL PROGR		64,307.	64,307.	0.	0.
106	c				0170071		0.
	d						
	е						
ĥ	f	All other program service revenue					
Ξ	g	Total. Add lines 2a-2f		145,473.	an the server	Parcis (The St	
	3	Investment income (including					
		and other similar amounts)		1,485.	1,485.	0.	0.
	4	Income from investment of tax-exer					
	5	Royalties	(ii) Personal	State and the state	The state of the s	The second s	and the second second second second
	6a	Gross rents	(ii) r croonal		AUGULT I		
	b	Less: rental expenses			1026年1月7		
	c	Rental income or (loss)					
	d	Net we what is a sure of a sure of the sur				The second s	
	7a	Gross amount from sales of (i) Securitie		AN INTERNET		The Second Party	R. C. S. State States
		assets other than inventory	50.	15-3 装饰的 推		1.24.10	
	b	Less: cost or other basis			Market With		
			58.			ZER ENGLY	
	C		-8.			1.2 State 10.0	21515393
	d	Net gain or (loss)		-8.	-8.	0.	0.
2	8a	Gross income from fundraising		2.56 建治疗学			
5	oa				The Barry Eller		
		events (not including \$0.	-	Para Calification	14 P+ 6/ 6.		
		See Part IV, line 18				N. C. State	
	b	Less: direct expenses	- 527000.				
'	c	Net income or (loss) from fundrais	1	46,036.		0.	46,036.
	9a	Gross income from gaming activiti See Part IV, line 19	es.	10,0001			40,050.
	b	Less: direct expenses				AND AND AND	
	С	Net income or (loss) from gaming	activities >			a reaction of the second se	
	10a	Gross sales of inventory, le returns and allowances	a				
	b	Less: cost of goods sold				Sand Sand	
-	C	Net income or (loss) from sales of					
	44	Miscellaneous Revenue	Business Code	up Western States		用 自己 医静脉	- 1 A
	11a	UNREALIZED LOSS ON INVESTMEN	TS 900099	-6,174.	-6,174.	0.	0.
	b						
	c d	All other revenue					
	e	Total. Add lines 11a–11d		-6,174.			
	12	Total revenue. See instructions.		316,127.	140,776.	0	16 036
		. etal retende. dee instructions.		JIU, 12/.	14U,//0.	0.	46,036.

Form 990 (2017)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do n	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
•	and domestic governments. See Part IV, line 21	178,699.	178,699.	Contraction of the second	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				inter de la ser e
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,750.	36,375.	20,025.	16,350
9	Other employee benefits				
10	Payroll taxes	5,579.	2,790.	1,536.	1,253
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	2,695.	0.	2,695.	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	05			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	150.	0.	150.	0
12	Advertising and promotion	4,312.	3,881.	0.	101
13	Office expenses	1,088.	544.	272.	431
14	Information technology	7,261.	7,261.	0.	272
15	Royalties			0.	0
16	Occupancy				
17	Travel	2,175.	2,175.	0.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				0
19	Conferences, conventions, and meetings	1,524.	1,143.	381.	0
20	Interest				0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,945.	5,945.	0.	0
3	Insurance	2,594.	2,594.	0.	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTINUING EDUCATION	262.	0.	262.	0
b	DUES AND SUBSCRIPTIONS	2,835.	2,552.	0.	283
С	INSURANCE-WORKER'S COMPENSATION	578.	0.	578.	283
d	LICENSES AND TAXES	188.	0.	188.	0
е	All other expenses	7,453.	4,860.	1,512.	1,081
25	Total functional expenses. Add lines 1 through 24e	296,088.	248,819.	27,599.	19,670
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	,		211000.	19,070

Part X		1 V		
	Check if Schedule O contains a response or note to any line in this Pa		<u></u> ,	
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	98,501.	1	156,07
2	Savings and temporary cash investments	101,188.	2	77,64
3	Pledges and grants receivable, net	15,047.	3	21,27
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		S 181	
	trustees, key employees, and highest compensated employees.		in Street	
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section	and the second second	ित्राके	の日本市になる
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		Marshield B	
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or		SP2N	
	other basis. Complete Part VI of Schedule D 10a 225, 355.			
b	Less: accumulated depreciation 10b 81,984.	149,316.	10c	143,37
11	Investments-publicly traded securities	66,555.	11	61,15
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	430,607.	16	459,51
17	Accounts payable and accrued expenses	200.	17	94
18	Grants payable	71,913.	18	80,03
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,	SALE VANDER		L CARLARY L
	trustees, key employees, highest compensated employees, and	What have the Provent	233	
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	72,113.	26	80,98
	Organizations that follow SFAS 117 (ASC 958), check here ► 🔀 and	1 / S. L. P		-1
	complete lines 27 through 29, and lines 33 and 34.		4	
27	Unrestricted net assets	358,494.	27	378,53
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here and and	12 State Internet	TEST 2	Starf Mile LUNA
	complete lines 30 through 34.	STAR BURNER	124	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	358,494.	33	378,53
	Total liabilities and net assets/fund balances	430,607.	34	459,51

Form 9	990 (2017)			Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		×		
1	Iotal revenue (must equal Part VIII, column (A), line 12)	1		16,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		96,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		20,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	58,4	_
5	Net unrealized gains (losses) on investments	5			211
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	78,5	33.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other		1 Corner	1	-ML
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	16.1	1999	212
	Schedule O.		1.1318	E.C.	-ST.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	1955	933	741.00
	reviewed on a separate basis, consolidated basis, or both:		Same	1.2	R.
	Separate basis 🛛 Consolidated basis 🗌 Both consolidated and separate basis				6 E.
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a		228	JH I
	separate basis, consolidated basis, or both:				1998
	Separate basis Consolidated basis Both consolidated and separate basis			Sec.	764
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		20	
~	Schedule O.		1.24	2.23	100
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

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Form **990** (2017)

SCH	EDL	JLE	Α	
(Form	990	or 9	90-E	Z)

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.

20**17** Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	
Name of the organization	

Employer identification number

FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. 91-2081432

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 331/3% 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 331/3% 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	(ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organizati listed in your govern document?		ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
-			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total	1.1. B M & A.	音響語 经历期公开	1990 m	1000		

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

EXERCIP Support Schedule for Organization Specified in Sections 170(b)(1)(A)(A)(V) and 170(b)(1)(A)(A)(V) Colombles only if you checked the box on line 5, 7, 0r & 6 Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) M 1 Gifts, grants, continutions, and index parts (0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	_	dule A (Form 990 or 990-EZ) 2017						Page 2
Section A: Public Support Celendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membrable fees received. (Do not include any 'unusual grants.') (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 2 Tax: revenues levided for the organization's benefit and cither paid to or spended on its behaft 3 The value of sarvices or facilities furnished by a governmental unit to the organization's benefit and cither paid to or publicly supported organization in or publicly support. Soft the anount shown on line 11 nourm (f)	Pa	(Complete only if you checked the	he box on lin	e 5, 7, or 8 o	f Part I or if th	ne organizatio	on failed to g	(i)
1 Gifts, grants, contributions, and membrahip fees received. (Do not include any "unusual grants."), the second of the organization's benefit and either paid to or expended on its behalf, and the therapid to or expended on its behalf, and therapid to ore spended ore analytic ore interest, dividends, spender ore analytic ore interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans and therapid to ore spended on the spender or ont the business is regularly carried on therapid to ore spended on therapid to ore spended on the spender or ont business is regularly carried on therapid to ore spender ore onterest therapid to ore spended ore organization's first, second, third, fourth, or fifth tax year as a section 50 f(c)(2) organization, check this box and stop here	Sec	tion A. Public Support	yuuu uuu		isted below,	please compl	ete Part III.)	
1 Gifts, grants, contributions, and memory include any "unusual grants.")	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	In Total
organization's benefit and ether paid to or expended on its behall		Gifts, grants, contributions, and membership fees received. (Do not			(4) 2010	(4) 2010	(6) 2011	(1) 10tai
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid to or expended on its behalf						
5 The portion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	3	furnished by a governmental unit to the organization without charge						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i).	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on		each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on		Public support. Subtract line 5 from line 4			e in ¹⁹⁷ and is		TO THE RALL SHOW	
7 Amounts from line 4 Image: Construction of the second seco			(-) 0010	11.0011				
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI.)	9	Net income from unrelated business activities, whether or not the business						
 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 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	10	loss from the sale of capital assets						¥
 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 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part V		Total support. Add lines 7 through 10		EN: 2 WARD	Cash States 1			
 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 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33¹/₃% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹/₃% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part V		Gross receipts from related activities, etc.	(see instructio	ns)		• • • **	12	
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SUBDOTED ORGANIZATION	b	10%-facts-and-circumstances test -201 15 is 10% or more, and if the organizati Explain in Part VI how the organization me	6. If the organ on meets the sets the "facts	nization did no "facts-and-ci and-circums	ot check a box rcumstances" tances" test. T	t on line 13, 16 test, check th	ba, 16b, or 17a his box and s	and line t op here. a publicly
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization did	not check a b	ox on line 13.	16a, 16b, 17a	or 17h check	this how and a	
Schedule A (Form 990 or 990-EZ) 2017								

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Part III

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Page 3

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.)

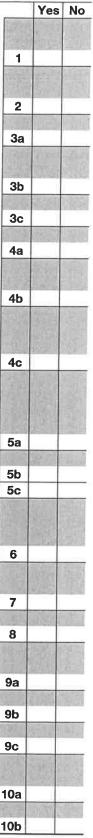
-	ion A. Public Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")	76,141.	108,282.	46,454.	107,928.	129,315.	468,120
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	41,581.	35,773.	45,956.	66,111.	145,473.	334,894
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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
~	-	117 700	1.1.1.055				
6	Total. Add lines 1 through 5.	117,722.	144,055.	92,410.	174,039.	274,788.	803,014
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0.	0.	0.	0.	0.	0
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	10,029.	22,947.	0.	138.	66,307.	99,421.
С	Add lines 7a and 7b	10,029.	22,947.	0.	138.	66,307.	99,421.
8	Public support. (Subtract line 7c from	The strengt	To The Manager	A State State State	1001		55,121.
	line 6.)	12 - 12 - 12 - 13 - 13 - 13 - 13 - 13 -			Section Carles		703,593.
Secti	on B. Total Support						103,333
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	117,722.	144,055.	92,410.	174,039.	274,788.	803,014.
	Gross income from interest, dividends,	1111122.	144,055.	52,410.	1/4,039.	2/4,700.	005,014.
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	1 500	124	2 011	1 3 6 9	1 477	
h	Unrelated business taxable income (less	1,500.	434.	3,011.	1,369.	1,477.	7,791.
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1,500.	434.	3,011.	1,369.	1,477.	7,791.
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.)	26,929.	16,932.	39,496.	35,613.	52,006.	170,976.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	146.151.	161,421.	134 917	211 021	328 271	981,781.
14	First five years. If the Form 990 is for the	e organization	's first, second	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop he						
	on C. Computation of Public Suppor	t Percentage	<u> </u>				
ectio	vir v. vvinputation vi Fublic Subbor			Column (ft)		15	71.66 %
		Column (f) div				15	
15	Public support percentage for 2017 (line &	3, column (f) div	line 15	, column (i)/		46	72 00 0/
15 16	Public support percentage for 2017 (line & Public support percentage from 2016 Sch	edule A, Part I	II, line 15	•••••	· · · · ·	16	73.89 %
15 16 ectic	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In	edule A, Part I come Percen	II, line 15 .	• • • • •			
15 16 Sectio 17	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (line &	edule A, Part I come Percen ine 10c, colum	II, line 15 . I tage n (f) divided by	·	ın (f))	17	73.89 %
15 16 Sectio 17 18	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment Inc Investment income percentage for 2017 (I Investment income percentage from 2016	edule A, Part I come Percen ine 10c, colum Schedule A, P	II, line 15 I tage n (f) divided by art III, line 17	/ line 13, colum	nn (f))	17 18	0.79 % 1.19 %
15 16 ectio 17 18	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests – 2017. If the organi	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not	II, line 15 I tage n (f) divided by Part III, line 17 check the box	/ line 13, colum	an (f)) d line 15 is mo	17 18 pre than 33 ¹ /3%	0.79 % 1.19 % 5, and line
15 16 Sectio 17 18 19a	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests-2017. If the organi 17 is not more than 331/3%, check this box a	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not and stop here.	II, line 15 I tage n (f) divided by Part III, line 17 check the box The organizatio	/ line 13, colum on line 14, an n qualifies as a	n (f)) d line 15 is ma publicly suppo	17 18 ore than 331/3% rted organizatio	0.79 % 1.19 % 5, and line on . ► 🕅
15 16 iectio 17 18 19a	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests – 2017. If the organi 17 is not more than 331/3%, check this box a 331/3% support tests – 2016. If the organiz	edule A, Part II come Percent ine 10c, colum Schedule A, P zation did not and stop here. ation did not ch	II, line 15 htage n (f) divided by Part III, line 17 check the box The organization neck a box on line	/ line 13, colum on line 14, an n qualifies as a ine 14 or line 19	n (f)) d line 15 is mo publicly suppo 9a, and line 16	17 18 ore than 33 ¹ / ₃ % rted organization is more than 33	0.79 % 1.19 % 5, and line 5n . ► 🔀 3 ¹ / ₃ %, and
15 16 Sectio 17 18 19a b	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331 /3% support tests—2017. If the organiz 17 is not more than 331/3%, check this box a 331 /3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this b	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not of and stop here. ation did not ch box and stop here	II, line 15 Itage n (f) divided by art III, line 17 check the box The organizatio leck a box on li ere. The organiz	v line 13, colum on line 14, an on qualifies as a ine 14 or line 19 zation qualifies	n (f)) d line 15 is mo publicly suppo 9a, and line 16 as a publicly su	17 18 ore than 33 ¹ / ₃ % rted organization is more than 33 pported organization	0.79% 1.19% 5, and line $5n \cdot \blacktriangleright \times$ $3^{1}/_{3}\%, \text{ and}$ zation \blacktriangleright
15 16 Sectio 17 18 19a	Public support percentage for 2017 (line & Public support percentage from 2016 Sch on D. Computation of Investment In Investment income percentage for 2017 (I Investment income percentage from 2016 331/3% support tests – 2017. If the organi 17 is not more than 331/3%, check this box a 331/3% support tests – 2016. If the organiz	edule A, Part I come Percent ine 10c, colum Schedule A, P zation did not of and stop here. ation did not ch box and stop here	II, line 15 Itage n (f) divided by art III, line 17 check the box The organizatio leck a box on li ere. The organiz	v line 13, colum on line 14, an on qualifies as a ine 14 or line 19 zation qualifies	n (f)) d line 15 is mo publicly suppo 9a, and line 16 as a publicly su	17 18 ore than 33 ¹ / ₃ % rted organization is more than 33 pported organization	0.79% 1.19% 5, and line 5n . ► × $3^{1}/_{3}\%$, and zation ►

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 **Part VI** 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 **Part VI**, 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** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 **Part VI.**
- **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 Part VI.*
- 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 **Part VI**.
- 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.)



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Part IV Supporting Organizations (continued)

- 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?
 - **b** A family member of a person described in (a) above?

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.

Section B. Type I Supporting Organizations

- 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.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

- 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 year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of organization's governing documents in effect on the date of notification, to the extent not previously provi
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pal the organization maintained a close and continuous working relationship with the supported organization
- 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.

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).
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each h of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
	No.	
Time	R.D.	
13250	110	
1		

nugou	and the second second		
	1		
		Yes	No
he e prior tax of the ided?	1		たいであ
ported o rt VI how on(s).	2		122
	And in case of the local division of the loc	Conversion in the owner.	

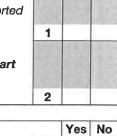
3

2a

2b

3a

Yes No





Yes No

Yes No

11a

11b

11c

Part V

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (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	and the state of the second	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	A STATE AND A STATE	
4 Enter greater of line 2 or line 3.	4		3
5 Income tax imposed in prior year	5		2
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	1		

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Sched	ule A (Form 990 or 990-EZ) 2017			Page 7
Par	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	l age i
Sec	tion D - Distributions	(-)		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Junone rou
2			orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
9	(provide details in Part VI). See instructions.			
	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	<i>////</i>	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			Ange and change age in
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	A CONTRACTOR OF A CONTRACTOR		
h	Applied to 2017 distributable amount	The second s		
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	Constant of the second		
c	Remainder. Subtract lines 4a and 4b from 4.		The state of the second	
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			August a weather and
а	Excess from 2013	Trades and the good		
b	Excess from 2014	A DECEMBER OF STREET		
С	Excess from 2015	Complete States and	ALL ALL ALL A	
d	Excess from 2016		1794年1月2日日日第二	A PERMIT
е	Excess from 2017		The internet in the	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt III Ln 12: Other Income Part III, Line 12 Description: EDUCATIONAL PROGRAMS
Description: BRICK CAMPAIGN 2014: 450. 2016: 733. 2017: 510. Description: PHOTOGRAPHY
WORKSHOPS Description: ARTS & CRAFTS WORKSHOPS Description: ANNUAL FUN RUN 2013:
2365. Description: OCEANWISE 2013: 23433. 2014: 15026. 2015: 39496. 2016: 32391.
2017: 48213. Description: NATIONAL ESTUARY DAY 2013: 135. 2014: 562. 2016: 662.
Description: GARAGE SALE 2013: 532. 2014: 254. 2016: 171. Description: CALENDAR
SALES 2013: 464. 2014: 640. Description: ESTU-SCARY HAUNTED TRAILS 2016: 1656.
2017: 3283.
REV 03/08/19 PRO Schedule A (Form 990 or 990-EZ) 2017

	IEDULE D m 990)	Complete if the or	tal Financial Statements	,	OMB No. 1545-0047
	ment of the Treasury		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ► Attach to Form 990.		Open to Public
	of the organization		1990 for instructions and the latest inforn		Inspection Inspection
	•	TOLOMATO MATANZAS NATIONAL ES	TUARINE RESEARCH RESERVE, INC.	91-2081	
			vised Funds or Other Similar Fun		
			"Yes" on Form 990, Part IV, line 6.		ounts.
-		Ŭ	(a) Donor advised funds	(b) F	Funds and other accounts
1	Total number a	atend of year			
2		ue of contributions to (during year)			
3		ue of grants from (during year) .			
4		le at end of year			
5	Did the organi	zation inform all donors and donor	advisors in writing that the assets he	eld in dono	r advised
~			e organization's exclusive legal contro		
6	Did the organiz	zation inform all grantees, donors, a	and donor advisors in writing that gran	t funds car	t be used
	conferring imp		fit of the donor or donor advisor, or fo	or any other	
Pa		rvation Easements.	•••••••••••••		· · · · Yes No
			"Yes" on Form 990, Part IV, line 7.		
1		conservation easements held by the			
			tion or education)	a historical	lv important land area
	Protection of the section of the	of natural habitat			nistoric structure
		n of open space			
2	Complete lines	2a through 2d if the organization he	eld a qualified conservation contribution	n in the forr	n of a conservation
		ne last day of the tax year.			Held at the End of the Tax Year
a					
b	lotal acreage r	estricted by conservation easement	s	. 2b	
c d	Number of con	servation easements on a certified h	historic structure included in (a)	. 2c	
u			(c) acquired after 7/25/06, and not c		
3		-	sferred, released, extinguished, or term	· 2d	a organization during the
	tax year 🕨		sorrou, rolousou, exanguisheu, or term	mateu by u	te organization during the
4	Number of state	es where property subject to conser	vation easement is located >		
5	Does the orga	inization have a written policy red	arding the periodic monitoring insp	ection, hai	ndling of
	violations, and	enforcement of the conservation ea	sements it holds?		· · · 🗌 Yes 🗌 No
6	Staff and volunte	er hours devoted to monitoring, inspect	ing, handling of violations, and enforcing co	onservation e	easements during the year
-					
7	Amount of expension of expension of expension of the second se	nses incurred in monitoring, inspectin	g, handling of violations, and enforcing c	onservation	easements during the year
8		servation easement reported on line	2(d) above satisfy the requirements of s	section 170	(h)(/)/B)(i)
	and section 170	D(h)(4)(B)(ii)?			
9			onservation easements in its revenue a		
	balance sheet,	and include, if applicable, the text o	f the footnote to the organization's fina	ncial stater	nents that describes the
		accounting for conservation easeme			
Par	Organiz	ations Maintaining Collections	s of Art, Historical Treasures, or (Other Sim	ilar Assets.
10			Yes" on Form 990, Part IV, line 8.		
Ia	works of art hi	istorical treasures or other similar	AS 116 (ASC 958), not to report in its r assets held for public exhibition, edu	evenue sta	tement and balance sheet
	public service,	provide, in Part XIII, the text of the fo	potnote to its financial statements that	describes t	hese items
b			FAS 116 (ASC 958), to report in its re		
	works of art, hi public service, p	istorical treasures, or other similar provide the following amounts relati	assets held for public exhibition, edung to these items:	cation, or	research in furtherance of
	(i) Revenue inc	luded on Form 990, Part VIII, line 1			\$
-	(ii) Assets includ	ded in Form 990, Part X			\$
2	following amou	nts required to be reported under SI	Alstorical treasures, or other similar a FAS 116 (ASC 958) relating to these iter	assets for 1 ms:	inancial gain, provide the
a	Revenue include	ed on Form 990, Part VIII, line 1		🕨	\$
b	Assets included	I In Form 990, Part X		🕨	\$
For Pa	perwork Reductio	on Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2017

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REV 03/08/19 PRO BAA

Schedule D (Form 990) 2017

Scheo	ule D (Form 990) 2017							Page 2
Pa	rt III Organizations Maintaining	Collections of	Art. Hi	storical	Treasures	s. or O	ther Similar A	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and c	other rec	ords, che	ck any of t	he follo	wing that are a	significant use of its
а	Public exhibition		d	🗌 Loai	n or exchan	ae prog	irams	
b			е					
С	Preservation for future generation							
4	Provide a description of the organiza XIII.							
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive r than to be maint	donatio	ns of art, part of th	historical t ne organizat	treasure tion's co	s, or other simil	ar
Pa	t IV Escrow and Custodial Arra	angements.						
	Complete if the organizatior 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or ot	her inter	mediary f	or contribu	itions or	other assets n	ot
b	If "Yes," explain the arrangement in P							
							A	mount
c	Beginning balance		• • •	• 8 •	• • • • •	10		
d	Additions during the year	• * * • • •	· · ·	• • •	• 85 (3) •	1d		
e	Distributions during the year		· · ·	• 2 •	• 350 (38) •	1e		
f	Ending balance	· · · · · · ·	· ·	· · ·	• • • • •	1f		
2a	Did the organization include an amount	nt on Form 990, P	art X, lin	e 21, for e	escrow or c	ustodial	account liability	/? 🗌 Yes 🗌 No
b Par	If "Yes," explain the arrangement in Part V Endowment Funds.	art XIII. Check her	e if the e	explanatio	n has been	provide	ed on Part XIII .	<u></u>
1 ai	Complete if the organization	apoworod "Voo	" on Fo			- 10		
	Complete in the organization	(a) Current year		ior year	(c) Two year		(-0 T)	1
1a	Beginning of year balance	(a) Current year		ior year	(c) two year	rs dack	(d) Three years back	k (e) Four years back
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	he current year en	d baland	e (line 1a	. column (a)) held a	IS:	
а	Board designated or quasi-endowmer					,,		
b	Permanent endowment	%						
С	Temporarily restricted endowment >	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in the	possession of the	ie organi	zation tha	at are held a	and adr	ninistered for th	e
	organization by:							Yes No
	(i) unrelated organizations						· (27) (38) · ·	3a(i)
_	(ii) related organizations					а ж. .		3a(ii)
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on So	hedule R?	x x .	· · · · ·	3b
4 Dovi	Describe in Part XIII the intended uses		n's endo	owment fu	inds.			
Part	, ,		_					
-	Complete if the organization					e 11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or otl (investme			r other basis her)		ccumulated preciation	(d) Book value
1a	Land					Section of		
b	Buildings							
С	Leasehold improvements .			20	07,000.		69,042.	137,958.
d	Equipment				L8,355.		12,942.	5,413.
e	Other							
i otal.	Add lines 1a through 1e. (Column (d) m				(B), line 10	c.)	►	143,371.
BAA		RE	/ 03/08/19 P	RO			Sche	dule D (Form 990) 2017

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Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX **Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)

(7) (8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
come taxes		
		에 타이 것이 안 없어? 이 것이 가지 가입니 것이다. 가지 않는 것이다. 이 것이 가지 않는 것이다. 이 것이 가지 않는 것이 가지 가지 않는 것이 같이 가지 않는 것이 같이 가지 않는 것이 가지 않는 것이 같이 가지 않는 것이 가지 않는 것이 같이 가지 않는 것이 같이 있다. 이 가지 않는 것이 같이 같이 않는 것이 같이 않는 것이 같이 않는 것이 가지 않는 것이 같이 않는 것이 같이 않는 것이 같이 같이 않는 것이 같이 같이 않는 것이 않는 것이 없다. 것이 같이 않는 것이 없다. 않는 것이 않는 것이 않는 것이 없는 것이 없는 것이 없는 것이 않는 것이 않는 것이 않는 것이 같이 않는 것이 않는 것이 않는 것이 없는 것이 않는 것이 않는 것이 없다. 않는 것이 없는 것이 않는 것이 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 없는 것이 않는 것 않는 것
) must equal Form 990, Part X, col. (B) line 25.) 🕨		
	(a) Description of liability icome taxes	come taxes

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2017		Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements	- aren, into 12a.	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••*	10000
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	20 2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	Eu	2e
3	Subtract line 2e from line 1	80 · · · · 8 · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem		
1	Complete if the organization answered "Yes" on Form 990, I	Part IV. line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		10007
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	20	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.) .	4b	
С	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to provide any additional i	nformation.

chedule D (Form 990) 2017	Pag
art XIII Supplemental Information (continued)	

CHEDULE G Form 990 or 990-EZ)	Complete	if the organization a	ineworad "Va	" on Form 00	raising or Gamin 20, Part IV, line 17, 18, 1 Form 990-EZ, line 6a		OMB No. 1545-004
epartment of the Treasury ternal Revenue Service		► /	Attach to Forn	990 or Form	n 990-EZ.	l .	QU11 Open to Public
ame of the organization		Go to www	w.irs.gov/Form	1990 for the l	atest instructions.	England I at	Inspection
RIENDS OF GUANA TO	LOMATO MAT.	ANZAS NATIONA	L ESTUARI	NE RESEA	RCH RESERVE, 1	NC. 91-208143)
Part I Fundraisin	g Activities	 Complete if t 	he organiz	ation answ	wered "Yes" on	Form 990, Part IV	line 17.
Form 990-1	=Z filers are	not required to	complete	this part.			
a Mail solicitatio	ine organizati	on raised funds	through any	of the foll	owing activities. C	heck all that apply.	
b Internet and e		ons	e _ f [ion of non-govern ion of governmen		
c 🗌 Phone solicita	tions		g [fundraising events		
d 🗌 In-person solid							
2a Did the organizati	on have a wri	tten or oral agre	ement with	any individ	dual (including offi	cers, directors, trus undraising services	tees,
b If "Yes," list the 1 compensated at le	0 highest paic east \$5,000 b	t individuals or e	entities (fund en.	draisers) pi	ursuant to agreem	(v) Amount paid to	ne fundraiser is to
(i) Name and address of or entity (fundrais		(ii) Activity	custody o contrib	draiser have r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid t (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
)							
tal							
B List all states in wh	nich the organ	nization is regist	ered or lice	sed to so	licit contributions	or has been notifie	d it is exempt fro
registration or licen	sing.	-					a it is exempt ite

Schedule G (Form 990 or 990-EZ) 2017

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5 6 7 8 En	Volunteer labor	No line 2 through 5 in colur	No [] No []	No No	Yes _ No
5 6 7	Direct expense summary. Add lin	No Construction No Constructio] No	No	
5 6		No] No		
5	Volunteer labor		ille	lites %	he have been a second and a second and a second
		Yes %	Yes %	Yes %	
	Other direct expenses				
4	Rent/facility costs				
3	Noncash prizes				
2	Cash prizes				
1	Gross revenue				col. (a) through col. (c))
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form 990	ot line 10 from line 3, co organization answer 0-EZ, line 6a	olumn (d) ed "Yes" on Form 99	0, Part IV, line 19, or	5,803. 42,410.
	 Direct expense summary. Add Net income summary. Subtract 				2,242.
	9 Other direct expenses .	2,242.			
	8 Entertainment				981
Caellady -	7 Food and beverages	981.			2,580
Cacina	6 Rent/facility costs	2,580.			
	5 Noncash prizes				
	4 Cash prizes	,215			48,213
_	3 Gross income (line 1 minus line 2)	48,213			
	2 Less: Contributions	48,213	•		48,21
щ	1 Gross receipts	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue		OCEANWISE	(b) Event #2	(c) Other events	(d) Total events
Revenue	1	(a) Event #1	(b) Event #0	1	, line 18, or reported i 3 1 and 6b. List events

11	le G (Form 990 or 990-EZ) 2017		Pa
12	Is the organization a grante	or, beneficiary or trustee	h nonmembers?
13	Indicate the percentage of		
а			
14	Enter the name and address records:	s of the person who prep	pares the organization's gaming/special events books and
	Name ►		
	Address ►		
15a			ird party from whom the organization receives gaming
b		f gaming revenue receiv	ed by the organization > \$ and the
c	If "Yes," enter name and ad	dress of the third party:	·····
	Name ►		
	Address ►		
16	Gaming manager informatio	n:	
	Name ►		
	Gaming manager compense	ation ► \$	
	Description of services prov	ided ►	
		Employee	Independent contractor
	Director/officer		
	Mandatory distributions: Is the organization required		ke charitable distributions from the gaming proceeds to
а	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu	se?	te law to be distributed to other exempt organizations or
	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu spent in the organization's of Supplemental Infor	se?	te law to be distributed to other exempt organizations or
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and
a b	Mandatory distributions: Is the organization required retain the state gaming licen Enter the amount of distribu- spent in the organization's of Supplemental Infor Part III, lines 9, 9b, 1	se?	te law to be distributed to other exempt organizations or ring the tax year ► \$ xplanations required by Part I, line 2b, columns (iii) and (v); and

Open dots Construction Construction <th>(Form 990)</th> <th>Grants and Governments Complete if the organ</th> <th></th> <th>Other Assistance to Organizations, , and Individuals in the United State ization answered "Yes" on Form 990, Part IV, line 21 o</th> <th>Other Assistance to Organizations, and Individuals in the United States ation answered "Yes" on Form 990, Part IV, line 21 or 22.</th> <th></th> <th>0000 No. 1545-0047</th>	(Form 990)	Grants and Governments Complete if the organ		Other Assistance to Organizations, , and Individuals in the United State ization answered "Yes" on Form 990, Part IV, line 21 o	Other Assistance to Organizations, and Individuals in the United States ation answered "Yes" on Form 990, Part IV, line 21 or 22.		0000 No. 1545-0047
or flat Quality (arrange) and Answer And Answer And Answer And Answer Answer Answer Answer And Answer Answer Answer Answer Answer And Answer Answer Answer Answer Answer And Answer Answ	spartment of the Treasury ternal Revenue Service	► Go t	Attach to www.irs.gov/Form99	Form 990. 90 for the latest inf	ormation.		Open to Public Inspection
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Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Caratisation and Other States and Other States. Bost The Life S1, for any recipient that received monitoring the use of grant funds in dualitional spaces is measured to a dual trans of the colopanization spaces is measured to a monitoring the use of address of organization spaces is measured to a monitoring the use of address of organization spaces is measured to an in application of a monitoring the use of address of organization spaces is measured to an indicate a monitoring the use of address of organization and the address of organization address of organization and organization and the	the selection criteria used to award	the grants or assistance?					XVac
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COMB. MANUAS. SERTENCE SEGRER Second State 178, 699. EMV EMV Mail TABLETA AND FORT THAN SECTIONS 59-6001874 178, 699. EMV EMV RE TABLETA AND FORT THAN SECTIONS 59-6001874 178, 699. EMV EMV RE TABLETA AND FORT THAN SECTION FOR THAN SECTION SECTION FOR THAN SECTION FOR SECTION FOR SECTION FOR THAN SECTION FOR THAN SECTION FOR SECTION	1 (a) Name and address of organization ((b) EIN (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
American matrix Description L/B,099- EWV EWV RE Image: Second	+))]]]				
Effer total number of section 501(6)(3) and government organizations listed in the line 1 table	ZONZC II HANDA TINDI MAAN VANA	5/0T00	Τ / α' αλλ.		A M		
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The section Sol (s)(3) and government or ganizations listed in the line 1 table Image: Section Sol (s)(3) and government or ganizations listed in the line 1 table	(2)						
Enter total number of section S01(c)(3) and government organizations listed in the line 1 table 1 1 1 1	(4)						
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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(8)						
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nizations listed in the line 1 table	2)						
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	restriction Act Notice and the	autorio iioted iii tite iiile i ta		•	•		

Schedule I (Fc	Schedule I (Form 990) (2017)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed.	Is. Complete if the	organization answ	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
m						
4						
сı						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	quired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
Pt I Li	Line 2: FUNDS ARE PROVIDED TO SU	SUPPORT AND EN	ENHANCE ENVIRONMENTAL	TENTAL EDUCATION,	STEWARDSHIP OF	NATURAL AND
CULTURAL	RESOURCES, AND SCIENTIFIC	RESEARCH OF TH	THE GUANA TOLOMATO	MATANZAS	NATIONAL ESTUARINE I	RESEARCH RESERVE.
THE OR	ORGANIZATION PROVIDES FUNDS BASED	NO	DOCUMENTATION PROVIDED	ED BY THE RESERVE	RVE AND WORKS WITH	RESERVE STAFF
INOM OT	MONITOR PROJECTS FOR WHICH FUNDS	AND REIMBURSEMENTS	EMENTS HAVE BEEN	EN REQUESTED.		
BAA		REV 03/08/19 PRO	0			Schedule I (Form 990) (2017)

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Name of the organization FRIENDS OF GUANA	Go to www.irs.gov/Form990 for the latest information.		201 Open to P Inspection
FRIENDS OF GUANA		Employer identificat	tion number
	COLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	91-2081432	
Pt VI, Line 11b	: THE FORM 990 IS MADE AVAILABLE VIA EMAIL TO ALL	BOARD MEMBER	RS
FOR THEIR REVIE	W AND ANY ADJUSTMENTS. A FINAL REVIEW IS THEN PER	FORMED BY TH	łE
PRESIDENT, TREA	SURER AND EXECUTIVE DIRECTOR FOR ACCURACY PRIOR TO	FILING THE	
FORM 990 TAX RE	TURN.		
Pt VI, Line 12c	: EACH DIRECTOR AND THE EXECUTIVE DIRECTOR IS RESPO	ONSIBLE FOR	***
BRINGING ANY CO	NFLICTS NOT DISCLOSED TO THE ATTENTION OF THE BOAR	D	
Pt VI, Line 15a	: THE BOARD REVIEWS THE EXECUTIVE COMPENSATION BAS	ED ON INDUST	'RY
AND REGION COMP	ARATIVES, AND THEIR COLLECTIVE EXPERIENCE.		
Pt VI, Line 15b	: THE BOARD REVIEWS THE COMPENSATION BASED ON INDU	STRY AND REC	JION
COMPARATIVES, A	ND THEIR COLLECTIVE EXPERIENCE.	******	
Pt VI, Line 19:	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST H	POLICY ARE	
AVAILABLE UPON	REQUEST. OUR FINANICAL STATEMENT IS AVAILABLE VIA	THE FLORIDA	
DEPT. OF AGRICU	LTURE'S WEBSITE OR UPON REQUEST.		
Other: SECTION	1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION - SEE	E ATTACHED	
Other: SECTION	1.263(a)-3(h) SAFE HARBOR ELECTION FOR SMALL TAXPAN	yers - see	
ATTACHED			
Other: AMENDED	RETURN-AFTER FURTHER BOARD REVIEW, IT WAS DETERMINE	ED THE EXPEN	SES
FOR THE RESEARC	H RESERVE WERE OVERSTATED BY \$70,000 AND THE RELATE	ED LIABILITY	
WAS ALSO OVERST	ATED. THE PROGRAM EXPENSES ON PAGE 10, PART IX STA	ATEMENT OF F	UNCTIONAI
EXPENSES, LINE	L, GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZA	ATIONS AND D	OMESTIC
GOVERNMENTS, W	AS REDUCED BY \$70,000 FROM \$248,699 TO \$178,699. I	THE RELATED	
LIABILITY ON PA	GE 11, PART X, BALANCE SHEET, LINE 18, GRANTS PAYAE	BLE WAS ALSO	
REDUCED BY \$70,0	000 FROM \$158,033 TO \$80,033 PER THE BOARD OF DIREC	CTORS. SCHE	DULE
I, GRANTS AND O	THER ASSISTANCE TO DOMESTIC ORGANIZATIONS - GOVERNM	IENTS AND IN	DIVIDUALS
OF THE UNITED ST	ATES, PART II, LINE 1, ALSO REFLECTS THE \$70,000 R	REDUCTION FR	OM

Name of the organization	Employer identification number
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	91-2081432
\$248,699 TO \$178,699.	
Pt IX, Line 24e:	
Description: BANK SERVICE CHARGES	
Total: \$229	
Program services: \$0	
Management and general: \$229	
Fundraising: \$0	
Description: MEALS AND ENTERTAINMENT	
Total: \$160	
Program services: \$0	
Management and general: \$160	
Fundraising: \$0	
Description: MEMBERSHIP DEVELOPMENT	
Total: \$260	
Program services: \$260	
Management and general: \$0	
Fundraising: \$0	
Description: MISCELLANEOUS EXPENSES	
Total: \$22	
Program services: \$22	
Management and general: \$0	
Fundraising: \$0	
Description: PAYROLL DATA PROCESSING	
Total: \$1,694	
Program services: \$847	
Fundraising: \$423	

Name of the organization	Pa
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	Employer identification number
Description: POSTAGE EXPENSE	51-2001432
Total: \$1,939	
Program services: \$970	
Management and general: \$485	
Fundraising: \$484	
Description: PRINTING EXPENSE	
Total: \$128	
Program services: \$96	
Management and general: \$0	
Fundraising: \$32	
Description: REPAIRS AND MAINTENANCE	
Total: \$1,595	
Program services: \$1,595	
Management and general: \$0	
Fundraising: \$0	
Description: SUPPLIES	
Total: \$1,426	
Program services: \$1,070	
lanagement and general: \$214	
undraising: \$142	

Additional Information

TAX YEAR: SEPTEMBER 30, 2018	
THE TAXPAYER ELECTS TO MAKE THE DE MINIMIS SAFE HARBOR ELE	ECTION UNDER
REGULATION 1.263(a)-1(f).	
NAME: FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL	ESTUARINE
RESEARCH RESERVE, INC.	
ADDRESS: 505 GUANA RIVER ROAD, PONTE VEDRA BEACH,	FL 32082
IDENTIFICATION NUMBER: 91-2081432	

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Additional Information

lame RIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC.	Identification Number 91-2081432
SECTION 1.263(a)-3(h) SAFE HARBOR ELECTION FOR SMALL TA	XPAYERS
TAX YEAR: SEPTEMBER 30, 2018	
THE TAXPAYER ELECTS TO MAKE THE SAFE HARBOR ELECTION FOR	SMALL TAXPAYERS
UNDER REGULATION 1.263(a)-3(h).	
NAME: FRIENDS OF GUANA TOLOMATO MATANZAS NATION	AL ESTUARINE
RESEARCH RESERVE, INC.	
ADDRESS: 505 GUANA RIVER RD, PONTE VEDRA BEACH,	FL 32082
IDENTIFICATION NUMBER: 91-2081432	
IMPROVEMENTS LOCATED AT THE 505 GUANA RIVER RD., PONTE	VEDRA BEACH, FL
LOCATION.	

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