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Film       990-EZ       Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation).       2018         Dependent of the Tensor       - Do not enter social security numbers on this form as it may be made public.       - Do to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and the latest information.       - Doe to verve its geo/CommoDel2 for instructions and thelates					Sh	ort Form					OMB No. 1545-1150
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)         Description           • Do not enter social security numbers on this form as it may be made public.         • O not enter social security numbers on this form as it may be made public.         • O not enter social security numbers on this form as it may be made public.           • Data enter social security numbers on this form as it may be made public.         • O not enter social security numbers on this form as it.         • O not enter social security numbers on this form as it.         • O not enter social security numbers on this form as it.         • O not enter social security numbers.         • O not enter social social security numbers.         • O not more site internation security numbers.         • O not enter social socinter socintity on the fisse in the deliverse in the delivere in		00		Doturn of Ora			rom	Incomo	Tax		
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□ Additional return       Cross City, FL 32828       Number +         G Accounting Method:       □Coss City, FL 32828       H Check * / the organization is no traditional control of the required to attach. Schedule B =         J Tax-exempt status (check only one) — [501(c)(3) □ Edit(c)( ] + (insertno.) ] 4947(a)(1) or [527]       H Check * / the organization is no traditional control of the required to attach. Schedule B =         I Contributions, gifts, grants, and similar amounts received.       > \$ 141.433         I Contributions, gifts, grants, and similar amounts received.       1         I Contributions, gifts, grants, and similar amounts received.       1         I Contributions, gifts, grants, and similar amounts received.       1         I Contributions, gifts, grants, and similar amounts received.       1         I Contributions, gifts, grants, and similar amounts received.       1         I Contributions, gifts, grants, and similar amounts received.       1         I Loss cost of other basis and sales expenses.       5         I Cast in functioning querts: received.       1         I Contributions, gifts, and assets other than inventory       5         I Cast in cost other basis and sales expenses.       5         I Cast income from gaming (attach Schedule G if greater than strip of the difference of the differe					try and ZIP or f	oreign postal code			E Casur		
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K Form of organization       1 rust       1 sesociation       1 Other         L Add lines 56, can 75 to line 91 to determine gross receipts; If gross; If				eck only one) — 🗌 501(c)(3) 🔽	i01(c) ( )	(insert no.) 4947	'(a)(1) o	or 527			
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       • \$ 11,433         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       I         Check if the organization used Schedule O to respond to any question in this Part I.       I       0         1       Contributions, gifts, grants, and similar amounts received.       1       0         2       Program service revenue including government fees and contracts       2       0         3       Methership dues and assessments       3       141,433         4       Investment income       4       0         5a       Gross amount from sale of assets other than inventory (Subtract line 5b f       rom line 5a)       5c       0         c Gain or (loss) from sale of assets other than inventory (Subtract line 5b f       of contributions       6d       0         a Gross income from gaming and fundraising events:       a Gross income from fundraising events:       6d       0         a Hot income or (loss) from gaming and fundraising events:       6d       0       0         b Less: cost of goods sold       7a       0       0         b Less: cost of goods sold       7b       0       0         c Gross sincome from gaming and fundraising events       7a       0       0 <td></td> <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>(</b></td> <td>,</td> <td>, ,</td>									<b>(</b>	,	, ,
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Bite       \$15,000)       6a       0         b       Gross income from fundraising events (not including \$		•	-	-	hedule G if	greater than					
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line 6c)       7a Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).       7c       0         g       Other revenue (describe in Schedule O)       8       0         g       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       141,433         10       Grants and similar amounts paid (list in Schedule O)       .10       0         11       Benefits paid to or for members       .11       0         12       Salaries, other compensation, and employee benefits       .12       0         13       Professional fees and other payments to independent contractors       .14       129,551         14       Occupancy, rent, utilities, and maintenance       .14       129,551         15       Printing, publications, postage, and shipping       .15       1,685         16       Other expenses (describe in Schedule O)       .17       139,224         17       Total expenses. Add lines 10 through 16       .18       2,209         18       Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       .19       16,990 <td></td> <th>С</th> <td>Less: direc</td> <td>t expenses from gaming and</td> <td>fundraising</td> <td>events</td> <td>6c</td> <td></td> <td>0</td> <td></td> <td></td>		С	Less: direc	t expenses from gaming and	fundraising	events	6c		0		
7a Gross sales of inventory, less returns and allowances		d	Net income	e or (loss) from gaming and fu	undraising ev	vents (add lines 6	a an	16b and sul	otract		
b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       .8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       141,433         10       Grants and similar amounts paid (list in Schedule 0)       .10       0         11       Benefits paid to or for members       .11       0         12       Salaries, other compensation, and employee benefits        12       0         13       Professional fees and other payments to independent contractors       13       1,046         14       Occupancy, rent, utilities, and maintenance       .11       13       1,046         14       Occupancy, rent, utilities, and maintenance       .15       1,685       16       6,942         15       Printing, publications, postage, and shipping       .15       1,685       16       6,942         17       Total expenses       Add lines 10 through 16        18       2,209         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       17       139,224			,						(	6d	0
c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).       7c       0         8       Other revenue (describe in Schedule O).       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       141,433         10       Grants and similar amounts paid (list in Schedule O).       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       1.1       0         13       Professional fees and other payments to independent contractors       13       1,046         14       129,551       13       14       129,551         15       Printing, publications, postage, and shipping       .       .       15       1,685         16       Other expenses. (describe in Schedule O)       .       .       .       .       17       139,224         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       .			7a Gross s	ales of inventory, less returns	s and allowa	nces	7a		0		
8       Other revenue (describe in Schedule O)       .8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       >9       141,433         10       Grants and similar amounts paid (list in Schedule O)       .10       0         11       Benefits paid to or for members       .11       0         12       Salaries, other compensation, and employee benefits        12       0         13       Professional fees and other payments to independent contractors        13       1,046         14       0ccupancy, rent, utilities, and maintenance       .14       129,551       15       1,685         16       Other expenses (describe in Schedule O)        16       6,942         17       Total expenses. Add lines 10 through 16        17       139,224         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       .18       2,209         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       .19       16,990         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20       0         21       19,199       16,990       20       0       21 <td></td> <th>b</th> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td>		b		0					0		
9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		С	-							7c	0
10Grants and similar amounts paid (list in Schedule O)		8								8	0
11Benefits paid to or for members.11012Salaries, other compensation, and employee benefits		-								-	141,433
Set 12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       1,046         14       Occupancy, rent, utilities, and maintenance       .14       129,551         15       Printing, publications, postage, and shipping       .15       1,685         16       Other expenses (describe in Schedule O)         17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)        .18       2,209         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)										-	
13       Professional fees and other payments to independent contractors       13       1,046         14       Occupancy, rent, utilities, and maintenance       .14       129,551         15       Printing, publications, postage, and shipping       .15       1,685         16       0ther expenses (describe in Schedule O)         17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)            19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)            20       Other changes in net assets or fund balances (explain in Schedule O)             21       Net assets or fund balances at end of year. Combine lines 18 through 20        21       19,199											
16       Other expenses (describe in Schedule O)       16       6,942         17       Total expenses. Add lines 10 through 16       17       139,224         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,209         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       16,990         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       19,199	se:										
16       Other expenses (describe in Schedule O)       16       6,942         17       Total expenses. Add lines 10 through 16       17       139,224         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,209         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       16,990         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       19,199	len										
16       Other expenses (describe in Schedule O)       16       6,942         17       Total expenses. Add lines 10 through 16       17       139,224         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,209         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       16,990         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       19,199	X										
17Total expenses. Add lines 10 through 1617139,22418Excess or (deficit) for the year (Subtract line 17 from line 9)	-										
18Excess or (deficit) for the year (Subtract line 17 from line 9)182,20919Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with1916,99020Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20											
19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       .19       16,990         20       Other changes in net assets or fund balances (explain in Schedule O)       .20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20			Excess or	(deficit) for the year (Subtract	line 17 from	 line 9)					
21 Net assets of fund balances at end of year. Combine lines 18 through 20	ets										2,209
21 Net assets of fund balances at end of year. Combine lines 18 through 20	SS									19	16 000
21 Net assets of fund balances at end of year. Combine lines 18 through 20	∋t⊅	20									
	ž									-	
	For			•					1	-	

Form 9	90-EZ (2018)					Page <b>2</b>
Par	Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule		y question in this F	Part II		
		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investme	ents		16,990	22	19,199
23		uildings			23	0
24	Other assets (describe in Sche	•			24	0
25		ssets		16,990		19,199
26	Total liabilities (describe				26	
27	Net assets or fund balances (line 27 of colum	,		16,990		19,199
Part						10,100
r art	Check if the organization used Schedule					Expenses
W/bot	_	year round social red			(Red	quired for section
						c)(3) and 501(c)(4)
	ribe the organization's program service accomplise asured by expenses. In a clear and concise m				orga othe	inizations; optional for ers.)
nerso	ns benefited, and other relevant information for ea	ch program title	e services provided			,
<u> </u>						Т
28						
		·····				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 📋	28a	0
29						
-	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	🕨 🗌	29a	0
30						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	► 🗌	30a	0
31	Other program services (descri	be in Schedule O)				
		includes foreign gra			31a	0
32	Total program service expenses (ad				32	0
Part			,		heins	structions for Part IV
i ai t	Check if the organization used Schedule					
		1 .	(c) Reportable ?	(d) Health benefits,	<u> </u>	·
	? (a) Name and title	(b) Average hours per week	compensation	contributions to employ		
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
Davia	Ridgeway President		(in not paid, ontoir o )			<u> </u>
		-			~	•
	SW State Road 26 Trenton,FL 32693	4	0		0	0
	t Rewis Vice-President					
	Box 716 Old Town,FL 32680	1	0		0	0
	as Laflam Treasurer	•				
	Nillow Oak Road Mulberry, FL 33860	7	0		0	0
	k Neenan Secretary	-				
3921 E	Blooming Hill Lane Palm Harbor, FL 34684	7	0		0	0
Charle	es Pinner Director					
P.O. E	Box 98 Cross City, FL 32628	1	0		0	0
Aaron	Dawson Director					
342 N	E 106th Street Cross City, FL 32628	1	0		0	0
	y Ray Carter Director					
	Box 1054 Cross City, FL 32628	1	0		0	0
-					-	
		-				
					-	
		-				
					_	
		-				
_						

	Form 9	990-EZ (2018)		F	age 3	
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.		-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	-
		detailed description of each activity in Schedule O	33		~	?
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~	
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25.0			•
	h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		V V	-
		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	-
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	?
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a				
		Did the organization file Form 1120-POL for this year?	37b		~	_
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	1
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
	39	Section 501(c)(7) organizations. Enter:				
	a	Initiation fees and capital contributions included on line 9	-			
	b		-			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► ; section 4955 ►				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~	?
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
	41	List the states with which a copy of this return is filed  None				-
	42a	The organization's books are in care of ► Thomas Laflam Treasurer Telephone no. ►(	863) 66	60-623	81	
		Located at ► 4200 Willow Oak Road Mulberry, FL       ZIP + 4 ►         At any time during the calendar year, did the organization have an interest in or a signature or other authority over	33860			-
	b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No V	-
		If "Yes," enter the name of the foreign country ►				
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country >	42c		~	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year •			► □	_
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No	Ī
	b	<b>o i i o j</b> <i>i</i>	44a		V	Ī
		completed instead of Form 990-EZ	44b		~	
	c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		~	I
		explanation in Schedule O	44d		~	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	-
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the				ĺ



Form 9	990-EZ (2018)		Р	age <b>4</b>	
			Yes	No	
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition				
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		~	3
Part	V Section 501(c)(3) Organizations Only				
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the ta	bles f	or line	s	
	50 and 51.				

	Check if the organization used Schedule O to respond to any question in this Part VI				
			Yes	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax				
	year? If "Yes," complete Schedule C, Part II	47			?
	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			?
49	Da Did the organization make any transfers to an exempt non-charitable related organization?	49a			
	<b>b</b> If "Yes." was the related organization a section 527 organization?	49b			

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	_	
	-	
	-	
	-	
	-	
d Total number of other independent contractors each receiving	over \$100,000 ►	

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

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

Sign Here	Signature of officer Patrick Neenan Secretary			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm'sname			Firm's EIN ►			
Ose only	Firm's address ► Phone no.						
May the IRS discuss this return with the preparer shown above? See instructions							

<u>Ye</u> <u>No</u>

Department of the Treasury	90 or 990-EZ or to provide any additional informat		
Department of the Treasury		ion.	2018
Internal Revenue Service Co	Attach to Form 990 or 990-EZ. to www.irs.gov/Form990 for the latest informatio	n.	Open to Public Inspection
Name of the organization		Employer identifie	ation number
Crane Bay Hunting Club, Inc		59	2603555
Part 1 Other Expenses Line 16			
Refunds 4015			
Dumpster rentals 333			
Portable toilets 2594			
Total Line 16 6942			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	Employer identification number

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

## **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

## Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990. Part VI. lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, Statement of Program Service Accomplishments.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d. Part V, Statements Regarding Other IRS Filings and Tax Compliance.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, Governance, Management, and Disclosure.

a. Material differences in voting rights among members of the governing body in line 1a

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining compensation, in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the Other box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.

j. Description of public disclosure of documents, in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII. Financial Statements and Reporting.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services, in response to Part III, Statement of Program Service Accomplishments, line 31.

4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form. Don t include on Schedule O



(Form 990 or 990-EZ) any social security number(s), because this schedule will be made available

for public inspection.