

Click on the question-mark icons to display help windows.  
 The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **February 1**, 2018, and ending **January 31**, 20 **19**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Crane Bay Hunting Club, Inc**

Number and street (or P.O. box, if mail is not delivered to street address) **Post Office Box 459** Room/suite

City or town, state or province, country, and ZIP or foreign postal code **Cross City, FL 32628**

**D** Employer identification number **59-2603555**

**E** Telephone number **(727) 514-4998**

**F** Group Exemption Number ▶ **█**

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

**H** Check  if the organization is **no**t required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **141,433**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		Revenue		Expenses		Net Assets	
<input type="checkbox"/>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>0</b>				
<input type="checkbox"/>	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>				
<input type="checkbox"/>	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>141,433</b>				
<input type="checkbox"/>	<b>4</b> Investment income . . . . .	<b>4</b>	<b>0</b>				
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>				
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>				
	<b>6</b> Gaming and fundraising events:						
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	<b>0</b>				
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<b>0</b>				
	<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>0</b>				
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>0</b>				
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>0</b>				
	<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	<b>0</b>				
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>				
	<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>0</b>				
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>141,433</b>				
	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>0</b>				
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>				
	<b>12</b> Salaries, other compensation, and employee benefits <input type="checkbox"/> . . . . .	<b>12</b>	<b>0</b>				
	<b>13</b> Professional fees and other payments to independent contractors <input type="checkbox"/> . . . . .	<b>13</b>	<b>1,046</b>				
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>129,551</b>				
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>1,685</b>				
	<b>16</b> Other expenses (describe in Schedule O) <input type="checkbox"/> . . . . .	<b>16</b>	<b>6,942</b>				
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>139,224</b>				
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>2,209</b>				
	<b>19</b> 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) . . . . .	<b>19</b>	<b>16,990</b>				
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>0</b>				
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>19,199</b>				

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	16,990	19,199
23 Land and buildings . . . . .	0	0
24 Other assets (describe in Schedule O) . . . . .	0	0
25 <b>Total assets</b> . . . . .	16,990	19,199
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	16,990	19,199

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? year round social recreation sport hunting club

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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

28		
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
31		
Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Doyle Ridgeway President 6729 SW State Road 26 Trenton, FL 32693	4	0	0	0
Robert Rewis Vice-President P.O. Box 716 Old Town, FL 32680	1	0	0	0
Thomas Laflam Treasurer 4200 Willow Oak Road Mulberry, FL 33860	7	0	0	0
Patrick Neenan Secretary 3921 Blooming Hill Lane Palm Harbor, FL 34684	7	0	0	0
Charles Pinner Director P.O. Box 98 Cross City, FL 32628	1	0	0	0
Aaron Dawson Director 342 NE 106th Street Cross City, FL 32628	1	0	0	0
Johnny Ray Carter Director P.O. Box 1054 Cross City, FL 32628	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with a checkmark in the No column.

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

Table with columns Yes, No and row 34 with a checkmark in the No column.

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)?

Table with columns Yes, No and row 35a with a checkmark in the No column.

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 35b with a checkmark in the No column.

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Table with columns Yes, No and row 35c with a checkmark in the No column.

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

Table with columns Yes, No and row 36 with a checkmark in the No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

Form field for 37a

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with a checkmark in the No column.

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with a checkmark in the No column.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

Form field for 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

Form field for 39a

b Gross receipts, included on line 9, for public use of club facilities

Form field for 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; 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

Table with columns Yes, No and row 40b with a checkmark in the No column.

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and rows 40c, 40d, 40e with checkmarks in the No column.

41 List the states with which a copy of this return is filed

None

42a The organization's books are in care of Thomas Lafiam Treasurer Telephone no. (863) 660-6231 Located at 4200 Willow Oak Road Mulberry, FL ZIP + 4 33860-4200

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42b with a checkmark in the No column.

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42c with a checkmark in the No column.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Form field for 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with a checkmark in the No column.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with a checkmark in the No column.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with a checkmark in the No column.

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d with a checkmark in the No column.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and row 45a with a checkmark in the No column.

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the

Table with columns Yes, No and row 45b with a checkmark in the No column.

Form 990-EZ (2018) **Part III** **Feeding** of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .

<b>45b</b>		✓

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 . . . . .

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes (empty), No (checked).

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . [ ]

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 . . . . .

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes (empty), No (empty).

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes (empty), No (empty).

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
b If "Yes," was the related organization a section 527 organization? . . . . .

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes (empty), No (empty). Row 49b: 49b, Yes (empty), No (empty).

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."

Table with 5 columns: (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."

Table with 3 columns: (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 completed Schedule A . . . . . [ ] Yes [ ] No

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

Sign Here section with fields for Signature of officer, Date, and Type or print name and title (Patrick Neenan Secretary).

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, and Phone no.

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Crane Bay Hunting Club, Inc**

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

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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

**592603555**

**Part 1 Other Expenses Line 16**

**Refunds 4015**

**Dumpster rentals 333**

**Portable toilets 2594**

**Total Line 16 6942**

Name of the organization

Employer identification number

Dashed lines for data entry.

## 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](http://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*.

- "Yes" response to line 2.
- "Yes" response to line 3.
- Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- "No" response to line 3b.
- "Yes" or "No" response to line 13a.
- "No" response to line 14b.

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

- Material differences in voting rights among members of the governing body in line 1a.
- Delegation of governing board's authority to executive committee in line 1a.
- "Yes" responses to lines 2 through 7b.
- "No" responses to lines 8a, 8b, and 10b.
- "Yes" response to line 9.
- Description of process for review of Form 990, if any, in response to line 11b.
- "Yes" response to line 12c.
- Description of process for determining **compensation**, in response to lines 15a and 15b.

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.